

Floron Residential Home

Floron Residential Home for the Elderly

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Floron Residential Home for the Elderly is a residential care home providing accommodation and personal care for up to 16 older people, including people living with dementia. At the time of the inspection 16 people were living at the service. The service is set in an adapted house over two floors.

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

We found concerns related to the management oversight of the service, recruitment, staffing levels, risk management, condition of the building, infection control and prevention person-centred care, dignity and respect and lack of activities. This put people at risk of harm and also had an impact on their quality of life and well-being. Records related to people who lived at the service and staff were not always accurate and up to date. This meant we were not assured care delivered was in line with people's plan of care.

There was ineffective risk management and oversight of people's care. Infection prevention and control practices were not robustly implemented across the service, leaving people at risk. Risks were not always fully assessed, leaving people at risk of receiving inappropriate care. Daily care records lacked details about the care provided to people. There was a risk people may not receive consistent safe care due to low staff numbers and poor record keeping.

There were insufficient numbers of appropriately trained staff deployed to ensure people's safety and wellbeing. Records showed staffing levels were not sufficient to meet people's needs. Relatives told us they felt the service would benefit from having more staff.

People were not supported to have maximum choice and control of their lives and staff did not always 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 preferences for care, privacy and dignity was not always respected.

The premises required several improvements to ensure the health and safety of people using the service. There was a lack of meaningful activities to maintain people's health and wellbeing.

We received mixed feedback from people using the service and relatives about the quality of the service. Whilst most relatives felt the care provided to people was good and would recommend the service, others felt there were areas for improvement, such as the condition of the building and accommodating people's choices. □

Rating at last inspection

The last rating for this service was requires improvement (published 18 September 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that provider seek advice from a reputable source, in relation to planning staff rotas and deploying staff to meet people's needs safely and in relation to supporting the individual nutrition and hydration needs of people living with dementia. At this inspection we found the provider had not acted on all recommendations and improvements were required.

Why we inspected

We undertook a focused inspection to follow up on specific concerns which we had received about the service which included concerns about staffing level, governance and oversight, lack of activities, condition of the building and furniture, incident and accident reporting and poor record keeping. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with management oversight, staffing levels, disrepairs, notifications not submitted to CQC, lack of activities, person-centred care and dignity and respect when providing some care, so we widened the scope of the inspection to a comprehensive inspection.

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 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 breaches in relation to safe care and treatment, staffing, recruitment, need for consent, person-centred care, dignity and respect, condition of the premises, and management oversight at this inspection. We have made recommendations in relation to staff supervision and training and supporting people with their nutritional needs and choices.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Inadequate ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

Floron Residential Home for the Elderly

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

This inspection was carried out by two inspectors and an Expert by Experience who made calls to relatives. 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

Floron Residential Home for the Elderly 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. Floron Residential Home for the Elderly is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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 observed staff interaction with people during the site visit, including medicine administration and people's mealtime experience. We spoke with the provider, deputy manager, team leader, technical liaison administrator assistant (responsible for audits and management of on-line records), four care staff, one domestic member of staff and the cook. We also spoke with eight people who lived at the service and seven relatives about people's experience of living at the service. We reviewed documentation related to incidents and accidents, building safety checks, staff rotas, monthly menus, health and safety audits, policies and procedures, management action plan and information related to consent and deprivation of liberty safeguards (DoLS) authorisations.

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 good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments relating to the environment were not robust enough to mitigate risks to people. People who might be at risk of falls because of the uneven flooring did not have a detailed fall risk assessment and management plan. There were insufficient staff on site, particularly at night, to safely support the evacuation of people in the event of a fire. Records of rotas showed two staff were on duty at night for 16 people, most require one to one assistance and one person required the assistance of two staff. This left people at risk of avoidable harm in the event of an emergency.
- Care plans and risk assessments included some measures to mitigate identified risks, however, these did not always provide enough information to fully mitigate those risks. For example, one person's risk assessment stated, "Staff to monitor person's [oxygen] saturation levels." This can give an indication on how well the person is breathing. Whilst the risk assessment indicated there were no risks related to this area, there was no indication for staff as to what the person's level should be. Details of triggers to look for that would indicate the person's saturation levels had deteriorated and the actions staff should take had not been documented. This meant that the provider did not have effective arrangements in place to mitigate risks to the person in relation to their breathing.
- During our inspection visit we observed one person who required two staff members for transfers, did not always have two staff assisting them. This put the person at risk of receiving unsafe care.

We found no evidence that people had been harmed, however, the above concerns put people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit on 26 April 2022 the provider sent us a copy of a PEEP. This was kept in an emergency evacuation red bag which was accessible to staff.
- The provider told us the deputy manager and team leader would follow this up by reviewing the risk assessments.

Preventing and controlling infection; Using medicines safely

- We were not fully assured that people were always protected from the risk of infection. We found areas of concern in relation to poor infection control practices at the service, placing people at risk of exposure to infection, including COVID-19.
- There was a strong malodour in the communal lounge and dining area which was present throughout our inspection visit. The clinical waste bin located outside the building was not kept locked and was overflowing with bags exposed and therefore increasing the risk of the spread of infection.

- Records showed medicines prescribed 'as required' (PRN) were not sufficiently managed.
- People on pain relief medicines, such as paracetamol did not have individual protocols for how and when these should be administered. Medicine records were unclear and open to errors. For example, all PRN medicines had instructions for them to be administered at specific times such as 10 am, 2 pm, 6 pm, and 10 pm, notwithstanding they were prescribed to be given when required. Therefore, there was a risk that people were not receiving their medicines as prescribed or receiving medicines that they might not have needed.

We found no evidence that people had come to harm. However, people were put at risk of harm because the provider failed to follow good infection control measures and manage medicines safely. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We informed the provider of the above issues, they told us they were aware of the concerns and had a management improvement plan in place prior to our visit. Records confirmed this.
- Medicine administration records (MAR) were signed and up to date. Each person had a medicine care plan documenting how people liked to take their medicine. We found body charts were in place where topical creams had been prescribed to show staff where and when this should be applied.
- We were assured that the provider was preventing visitors from catching and spreading infections. On the day of our inspection we were asked for evidence of a lateral flow test (LFT) result before entering the building. Visitors were asked to carry out a lateral flow test on arrival and wait for the results. A designated building in the garden had been built for visitors during the COVID-19 pandemic.
- We were somewhat assured that the provider was using PPE effectively and safely. During our inspection we observed most staff wore PPE appropriately when providing care. The service had a designated area for donning and doffing of PPE. Staff had completed infection control training.
- We were assured that the provider was accessing testing for people using the service and staff. Staff were required to take a LFT before starting their shift and a weekly PCR test for COVID-19. There had not been any cases of COVID-19 at the service.

Visiting in care homes

- Visiting at the home was in line with government guidance in place at the time of the inspection, however, visitors were not clear about the arrangements.
- Some relatives told us they had not seen inside the home and were keen to see how their relative had settled at the home. We asked the provider about this and they told us, "They can come into the home but not the communal lounge." The provider also said visitors were allowed to see their relative's room, if they asked. Although visitors were not prevented from visiting the home, the current arrangements needed to be more clearly communicated to visitors.

We recommend the provider seeks good practice guidance in relation to communicating visiting arrangements to relatives.

- Relatives told us they were able to visit their loved ones by making an appointment. Although no longer a requirement, visitors were asked to do a lateral flow test on arrival and wait for the result before entering the main part of the home. A designated building in the garden had been built for visitors during the COVID-19 pandemic and continued to be used.

Staffing and recruitment

- At our last inspection we made a recommendation that the provider seek advice from a reputable source

in relation to planning staff rotas and deployment of staff to meet people's needs safely.

- At this inspection we found the provider had not made changes to the way the rota was planned and the deployment of staff continued to be an issue. Staffing levels were not always sufficient to meet people's individual needs.
- On the day of our visit we observed two staff providing care, including the team leader. A care worker shadowing as part of their training was included on the rota. We observed the team leader appeared rushed whilst taking on various tasks, including the day to day management of the service, medicine administration, assisting at mealtime and liaising with visitors, including a health professional and CQC inspectors. There were insufficient staff to carry out these tasks which meant we could not be assured people received the individual care and attention they needed.
- Following our inspection visit the provider told us they used a dependency formula to establish staffing levels, based on people's level of need. This document showed how staffing levels may be determined, including factors to take into account, such as mobility and personal care needs. We reviewed the document and found it failed to demonstrate how individual staffing levels had been assessed for each person living at the service. With the absence of this information, we were not able to ascertain what the correct staffing levels should be for the service. Most people living at the service had mobility needs and required the assistance of staff prevent them from having a fall. We were not assured staffing levels were sufficient to meet people's individual needs and this put them at risk of harm.
- We received mixed feedback from relatives about staffing levels. One relative told us, "I think they could do with more staff especially at night. ...Due to the numbers of staff at night it can be tricky." Another relative said, "I do think there are enough staff." A third relative told us, "You never see the staff. I have got to know two of them." Other relatives commented, "There always seems to be plenty of staff walking about. I haven't noticed any problems with staffing levels" and "There always seems to be staff around and when we have finished our visit I ring for the staff and they come and get [person] without delay."

We found no evidence that people had been harmed, however, the above concerns put people at risk of harm because staff were not adequately deployed and staffing levels were not sufficient to meet people's individual needs. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment procedures were not always safely established, we found gaps in the way recruitment records were managed.
- For a newly appointed staff member we did not see an induction record to show their learning, assessments and suitability for their role. We also found inconsistencies with employment references, in that in some cases these were not from the most recent employer. We saw one employment reference had been handwritten with no further details about who the referee was or name of previous employer. This meant we could not be assured the staff member employed was of good character to work with vulnerable people. The application form for the same staff member contained gaps in employment from 2020 to 2022 which were not explained. None of the three files reviewed contained interview notes or health questionnaires. This meant we could not be assured the appropriate pre-employment checks had been carried out prior to staff joining the service.
- Concerns about poor recruitment practice were also expressed by the local authority during their monitoring visit in March 2022 but at the time of our inspection, these concerns had still not been addressed.

We found no evidence that people had come to harm. However, people were put at risk of harm because the provider failed to follow a safe recruitment practice. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit the provider sent us a copy of interview notes. These did not explain the gaps found in the three records reviewed during our inspection.
- We informed the provider of our findings and they told us they welcomed the feedback and would address the above concerns immediately.
- We asked the provider about recruitment practices, they told us some staff had worked with them for a long period of time and these were historical issues. The provider told us any gaps would be addressed by the management team.
- Staff were required to complete a Disclosure and Barring Service (DBS) check prior to starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff we spoke with knew how to recognise and respond appropriately to protect people from the risk of abuse.
- No one we spoke with expressed any concerns about their safety.
- Relative's told us people were safe. One relative said, "[person] hasn't had any falls or problems. I am happy with [person's] safety there." Another relative said, "I haven't been into the house but from what I have observed [person] is safe." [Person] is scared to go out. I think they are brilliant at keeping him safe." A person using the service told us, "It's [The service] alright."
- The provider worked with the relevant safeguarding team at the local authority to ensure incidents were investigated appropriately when these occurred.

Learning lessons when things go wrong

- Systems were in place for recording, reporting and acting on incidents and accidents, including learning from incidents.
- Staff were aware of the accident and incident procedure.

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 last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection people's consent was not always sought appropriately, they were not always given choices and staff were not always familiar with the principles of the MCA and DoLS. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11

- At our last inspection we identified issues where people had not been given the choice to have either a bath or shower. At this inspection we saw care plans stated staff should assist people with washing, including a bath or shower. However, three of the four daily records we reviewed showed people were given a bed wash by staff or provided with a bowl of water to wash themselves, but not offered a bath or shower at all. For one person, over a three-month period covering 28 January 2022 to 28 April 2022, they were only offered a wash in their room. This meant people's personal hygiene choices were not always accommodated. A relative told us, "I have asked if [person] had a shower and they said they give [person] a wipe down. He does have a shower, but I don't know how often"

- Staff did not fully understand the principles of the Mental Capacity Act in relation to people who lacked capacity to make decisions and required prompting. A staff member told us where people were not able to verbalise their needs, they made the decision for them and people did not mind this. Staff did not use other methods to support people to make decisions so they could consent and make a choice for themselves. This meant the service was not always working in line with the principles of the Mental Capacity Act 2005. We could not be assured people's consent was appropriately obtained at all times.

This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The main door to the home was always kept locked and only accessible using a code.
- Following our visit the provider told us a safety sensor was in place to alert staff in the event a person using the service attempted to leave the building. People using the service did not have access to the code, therefore were not free to come and go as they pleased.
- The provider told us where some people were subject to restrictions, the service had applied for deprivation of liberty safeguards (DoLS) authorisations. The provider told us they had also applied for more DoLS authorisations and had yet to receive a response from the local authority.

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

- The provider did not assess or properly manage environmental risks to ensure people were safe. The provider had not properly maintained the service. We found the building was in need of modernisation and necessary repairs to make it safe and improve the environment had not been addressed.
- During our last inspection in September 2019, the provider sent an action plan identifying areas in need of repairs and refurbishment with dates for when these would be achieved. We were assured by the provider's action plan. At this inspection we noted some repairs had been completed, however areas of refurbishment and redecorating identified as needed at our last inspection had not been addressed. This included plans to provide wet rooms in communal bathrooms, as chosen by people who used the service. Some people were unable to use the communal bathroom facilities as the layout did not meet their mobility needs.
- We found the door to one of the communal bathrooms was hanging off the hinges, which became evident when the inspector pushed the door. This put people at risk of injury as the door was not safely secured. Following our inspection, the provider told us this had been immediately repaired and was no longer unsafe, but this had to be pointed out to the staff.
- The communal garden area had various items for disposal located in parts of the garden making it difficult for people to fully utilise this area. The shed at the back of the garden where dry/tin foods and additional supplies of PPE were kept smelt of mould and dampness. Staff told us they were in the process of clearing the garden and reorganising the shed area.
- The provider had not fully adapted the premises to improve people's quality of life. The environment was not dementia friendly. For example, signage used in the home was not always appropriate to help with the orientation of people. There was no suitable pictorial signage. We saw people had post-it notes with their initials on their door. The provider told us bathroom and toilet doors were painted orange to help with orientation.
- Parts of the premises appeared worn and in need of re-decoration. Paintwork in the communal areas was in need of a refresh. We found large cracks running from the ceiling along the wall. Communal toilets and bathrooms had rusting pipes and loose bath panels. Furniture was old and in need of replacing and curtains in one room were worn and torn. Another room did not have adequate hot water facilities and not enough water was coming out of the tap.
- Not all relatives had seen the inside of the home. One relative told us, "I think they are generally okay. Nothing else to say about them as I haven't seen much of the inside" Another relative told us, "I haven't been

in the home apart from the dining room" A third relative said, "The premises looks okay. The furniture is accessible. Everyone seems to have their own chair and place to sit in the lounge. Some of it could do with repainting and updating. It seems to be a calm atmosphere"

The provider failed to maintain the premises and environment to keep people safe from harm and to ensure they live in a suitable environment. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we recommended the provider seek advice from a reputable source, in relation to supporting the specialist nutrition and hydration needs of people living with dementia.
- At this inspection we found people's nutritional and hydration needs were being met. However, further improvements were required to ensure people's choices were also taken into account.
- During this inspection we observed people were provided with a nutritionally balanced meal which included fresh vegetables. Staff asked people what they wanted from the two choices available on the day of our visit.
- We received mixed feedback from relatives about whether people were given choices at mealtimes. One relative told us, "[Person] gets enough to eat and they will have nice parties at Christmas. I don't know if [person] gets a choice of what to eat." Another relative was told by their family member they always had cereal for breakfast and would like eggs instead. They also felt their relative ate well as they had gained weight. A third relative told us, "The food is amazing. They have roast dinners and the food is all home-made. I think they have a choice but [person] doesn't understand it"
- A person who used the service told us they liked the meals and could ask for anything they wanted and staff would get it for them. Another person told us the food was alright, "You eat what you're given." A third person told us although they were happy with the food, they would like a 'fry up' consisting of eggs, sausage and beans.
- We reviewed the provider's four week rolling menu and noted people were given limited choice, for example, breakfast for week two and four was the same throughout, 'cereal, juice, porridge toast and marmalade.' The menus were not provided in a format to meet the needs of some people who used the service, such as pictorial for people who could not understand the written menu. This meant people may not always be offered their preferred choice or understand what was available.
- Kitchen staff told us people were given choices and asked what they would like to eat.

We recommend the provider seeks good practice guidance in relation to supporting nutritional meal choices.

Staff support: induction, training, skills and experience

- Staff training was not always effective in ensuring staff were able to sufficiently carry out their role. For example, safeguarding training had not ensured staff understood whistleblowing procedures, such as the external authorities to report their concerns to. Training in the Mental Capacity Act 2005 had not ensured all staff understood the principles of the Act in terms of obtaining consent.
- New staff shadowed more experienced staff and completed an induction, however this had not been recorded to ensure they were competent to effectively do their job. Staff told us they participated in three monthly supervision sessions and felt supported by the team leader. However, supervision records were not available during our inspection visit.

We recommend the provider seeks good practice guidance in relation to the effectiveness of training.

- Staff completed training in various subjects relevant to their role, such as health and safety, first aid, diet and nutrition and dementia awareness.
- Relatives said they were confident that staff knew what they were doing and knew how to take care of their family member. A relative told us, "I think [staff] do know how to look after [person] because I have seen such an improvement in them since they went there [to the home]." Another relative said, "I am totally confident the staff know what they are doing. Just by [person's] appearance and their mental health you can see [person] is better. [Person] always says they are looking after them and they are settled."

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

- People had their needs assessed by the service prior to admission. The pre-assessment covered areas such as, medical history, communication, personal care, mobility, level of need and preference for care, such as the preferred gender of staff to provide personal care.
- Relatives told us, "[Staff] did a full assessment for [person] and I had a video call to discuss everything. We talked through everything," and "I don't recall an assessment before [person] went there although the social worker did ask about their needs."

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

- People were supported to maintain their health and access healthcare services.
- Relatives told us, "They seem to take care of her healthcare needs really well. They have referred [person] for some [physiotherapy]", "The GP goes in every Tuesday and checks [person's] blood pressure. They are always keeping an eye on [person's] health" and "They will always let me know if they have had the doctor out to [relative]"
- During our inspection visit we observed a weekly video call from the GP as part of a health check on people using the service.

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 good. At this inspection the rating 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's dignity was not always respected. We observed staff assisting people at mealtimes in a standing position. Whilst some staff members interacted with people, others did not give any eye contact or speak to people to ensure they were enjoying their meal. One staff member told us, the person they were assisting had a sensory impairment, therefore would not be aware staff were standing. This meant we could not be assured people using the service were treated with dignity and respect at all times.
- During medicine administration we observed staff applying creams to people sitting in the lounge, in the presence of other people who used the service. This did not ensure people's dignity was respected at all times.
- People's dignity was also undermined by the lack of consideration given to the safety and condition of the environment. People sharing rooms did not have their privacy respected, even though staff told us they used a screen when people required privacy. We noted the screens in place during our visit, however, these did not give people full privacy when receiving personal care as you were able to hear and see people as the screens did not extend across the whole room.
- The strong malodour throughout the communal area meant people's enjoyment of their surroundings was unsatisfactory.

The provider failed to ensure people had their dignity respected at all times. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us, "When [person] is having a shower they [staff] will explain what they are doing," and, "When I am there they [staff] do talk to [person] respectfully." A third relative told us, "All the staff seem very caring."
- Notwithstanding our observations, staff were able to describe how they protected people's dignity and privacy, including closing doors and curtains when providing personal support.
- We also observed some positive interactions between staff and people using the service. One person said, "It is lovely here... staff are very friendly and helpful."
- Records showed people's independence was encouraged. For example, in one care plan it stated what the person was able to do for themselves and this was encouraged by staff.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Two of the three relatives who commented about their involvement in their family member's care told us

they had not been very involved. They said, "I haven't really been involved but I would like to be," and "We haven't been involved in a care plan." A third relative told us, "Staff do talk to me about [person's] care plan. [Person] can't understand so I deal with it."

We recommend the provider seeks guidance from a reputable source in family involvement in people's care.

- Relatives told us staff treated their loved ones well. Relative told us, "The staff seem to know [person] well. They will speak to [person] in their own language which [the person] appreciates, and it helps to trust staff," and, "The care so far seems okay. [Person] looks very well and appears well looked after and clean. We are very happy."

Is the service responsive?

Our findings

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

At our last inspection 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; 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

- People did not always receive personalised care according to their choices and preferences.

Relatives told us, "When [person] gets up and goes to bed seems to depend on the staff capacity. It is at a time that works for them. Breakfast and other meals are served at set times so they have to stick to the routine. I am not sure about any other choices [person] could make" and "The staff tell him when to get up and go to bed to suit them" A third relative told us, "[Staff] told me it is up to the resident regarding what time they get up" We were not assured that people's choices and preferences for care were being met.

- During our inspection we observed people sitting in the lounge with very little to do, some people sat with their back to the communal TV. We asked whether the channel was what people wanted to watch, staff told us, people liked different things. One person told us they were not happy living at the home, "I don't like it here...it's too small here...We got no choice. You're locked up you can't be free here. You have to get up at 6am or whatever it is and sit down all day. It's like a prison." This meant we were not assured people using the service were stimulated to improve their physical and mental well-being or that their choices and preferences were respected.

- Relatives did not feel people took part in enough activities or stimulation to meet their needs. Relatives told us, "[Staff] say they have a lot going on but I am not sure. Whenever I visit there is nothing happening," "I don't think they do anything. [Person] does need to walk about more," and "I am concerned about the lack of activities. There doesn't seem to be any mental stimulation"

- The activities plan displayed on the communal notice board included activities which were no longer provided due to COVID-19 pandemic. Other displayed activities did not take place.

The provider was not making sure people who use the service received person-centred care to meet their needs and reflected their personal preferences. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above people were supported to maintain relationships with their friends and family members. People told us and we observed people receiving calls from relatives.
- There were activities for people on some occasions. On the day of our visit, we observed staff encouraging people to do exercises whilst sitting in their chair in the morning.

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.

- People's communication needs were documented in their care plan. This includes the person's preferred method of communication, for example, one care plan explained staff were required to face the person and speak in a relaxed manner. This was confirmed by staff and our observations on the day of our visit.

Improving care quality in response to complaints or concerns

- Systems were in place for acting and responding to complaints. One relative told us, "We haven't complained about anything." Another relative had made complaints and told us, "I complained about [person] getting the wrong clothing, but after talking to staff we resolved it. ... A bit of a breakdown in communication." A third relative told us they had not seen their family member's room and had not been invited to see this despite their family member complaining to them about the condition/size of their room. They told us they would like to see their room but had not reported this to the service. We asked the provider about relatives not seeing their relative's rooms. The provider told us relatives were allowed to visit their family members room if they asked to do so. The provider had set up a mobile group for relatives to keep in touch and feedback, but not all had responded.
- There was a complaints policy and procedure in place. This included a link to the Local Government and Social Care Ombudsman. The policy provided guidance for staff on how to support people if they were not happy with any aspect of care. The provider told us there had not been any complaints in the last 12 months. However, some complaints made by relatives had not been logged in line with the provider's complaints policy. This has been addressed in the well-led section of the report.

End of life care and support

- Care plans documented people's advance wishes, which included whether a family member was involved in making decisions about people's end of life care. At the time of our inspection no one was receiving end of life care, however, the provider had an end of life policy outlining how care should be provided should this care be required.

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 requires improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- At the time of our inspection, the service had not had a registered manager in post for nine months. The provider was not meeting the conditions of their registration to appoint a new registered manager. This meant the provider was not meeting their legal responsibilities to ensure the service was managed full-time by a person with the appropriate qualifications, skills and experience to do so.
- We found a number of issues related to the lack of management oversight and visibility at the service. The provider had reviewed and made some changes to the management structure, however, we were not assured this was sufficient to ensure people received a safe and service.
- Visits to the home by the deputy manager took place twice a month which meant they were not able to have appropriate oversight of the service. During our inspection we observed the team leader appeared rushed whilst carrying out a number of tasks, including medicine administration, overseeing staff, including a new staff shadowing on the day of our visit.
- Systems and processes for monitoring the quality of care being delivered and to ensure people's privacy and dignity was respected were not always effective. Staff did not always provide care in a dignified and respectful manner, for example we observed staff administering creams to people in the communal lounge and assisting people to eat at mealtimes whilst standing.
- The provider had failed to ensure care records were accurate and reflected care provided. Daily care records lacked details about people's choices and preferences for care. Complaints about the service were not always logged.
- Processes and record keeping to support an effective workforce had not been robust. Interview records for staff had not been completed and induction records did not document progress to ensure the competency of staff providing care.
- The provider had not ensured risks to people had been fully assessed. They had failed to ensure risks related to people's health conditions had been clearly documented.
- The provider failed to demonstrate a culture of continuous learning and improvement. Where we had raised concerns previously, such as the issues raised at our last inspection in September 2019 about the condition of the building and furniture, staff deployment and meeting people's choices, the provider had failed to take action to make the necessary improvements.
- Audits carried out were not always up to date or in place, for example, infection prevention and control (IPC) audits were not completed. Following our inspection the provider sent an IPC checklist template which they planned to start using in future. This meant we could not be assured IPC practices were robust and

monitored to ensure staff followed good IPC practices at all times. Health and safety audits were last completed in 2020 during the COVID-19 pandemic.

- "An external audit report completed in May 2021 had identified areas found during our inspection. This showed a number of recommendations to improve the service. The provider told us actions in the report were on-going and did not form part of their management review action plan.

Systems to assess, monitor and improve the quality of the service and mitigate risks to the health, safety and welfare of people using the service were not effective. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately, during and after the inspection. They confirmed they had a management review action plan in place and employed an experienced consultant to assist them to drive improvements to the quality of the service.
- The provider was in the process of updating the statement of purpose. We asked for a copy, this had yet to be provided.

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 provider was aware of their responsibilities under duty of candour and had worked with the local authority and family members in relation to incidents and accidents. However, they had failed to submit notifications to CQC as required to do so by law. We found reportable incidents, safeguarding and deprivation of liberty safeguards approvals had not been submitted to CQC.
- Following our inspection visit the provider was very apologetic and submitted some notifications in retrospect.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The findings from our inspection showed the service was not always working in a way which was person-centred and empowering people, for example to make choices and have a good quality of life.
- Apart from a residents' survey, there was little to demonstrate people were consulted about their care and could engage in how things were done at the service.
- Whilst we appreciate the challenges faced by the provider over the past ten months, this inspection showed the provider was not always aware of how things operated at the home and what was required to ensure people received a safe service.
- Staff told us management were supportive and approachable, however, they felt they would benefit from increased management presence at the home. Staff felt able to give their views about how the service was managed. A staff member told us, "My views are valued and listened to, I make suggestions for improvement, they do listen."
- Surveys completed by relatives in 2021, identified areas where improvements were required. For example, the need to improve the general appearance of the home and upgrading the furniture. The management review action plan for 2020-2022 detailed areas for improvement with dates, the responsible person and by when. However, this plan had not been fully implemented.
- People's diverse needs were not always met by the service in terms of adaptation and general condition of the building. This meant the environment was not always suitable, for example, for people with dementia there was a lack of suitable signage.
- Relatives spoke positively about their communication with staff. Records confirmed they were asked for their views about the service and most told us they would recommend the service. Relatives told us, "I have

met the [deputy manager] a number of times. I have a good relationship with her and can call her on her mobile. I will normally phone the home first and speak to [team leader]. She will always sort things out for me. They are both open and flexible," and "The [deputy manager]) is lovely. All the staff are lovely. [Team leader] seems really nice and goes out of her way to help. [Deputy manager] seems good. She set up video calls during lockdown."

- The service had a service improvement plan from the local authority in place and was working closely with them to address issues found during our inspection visit.