

Living Plus Health Care Limited

Living Plus Healthcare Ltd t/a Queen Anne Lodge

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Living Plus Healthcare trading as Queen Anne Lodge is a residential care home providing personal and nursing care to up to 40 people. The service provides support to people aged 65 and over including people living with dementia. At the time of our inspection there were 22 people using the service.

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

At this inspection we found five breaches of regulation and four of these breaches were continued from our previous inspection in 2019. The provider had submitted an action plan following the last inspection but had failed to make or sustain improvements in these areas and a further breach was identified. Whilst people and their relatives told us people received a good standard of care which met their needs safely, we continued to find governance was not well-embedded into the running of the service and the framework of accountability to monitor performance and risk was not always effective.

People and relatives told us the service provided safe care. However, we continued to find risks to people had not always been assessed, monitored or evaluated. Risks to people from the premises and equipment were not always safely managed and the provider has been advised to make improvements for people's safety by the Fire and Rescue Service. People's medicines were not always safely managed. Some improvements were required in the prevention and control of infection and we have made a recommendation about this. We did not find people had been harmed and the registered manager acted promptly to address these concerns during and following the inspection.

Since our last inspection the provider had acted on our recommendation and made improvements regarding acting on safeguarding incidents and learning from safety related concerns. There were enough staff to support people safely.

People, who were able to, told us they were involved in decisions about their care. People's relatives told us they were consulted and informed about how their relatives care needs were met. However, we continued to find decisions made about people's care and treatment were not always underpinned by evidence to demonstrate the principles of the Mental Capacity Act (2005) had been applied. This meant people were not always 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 systems in the service did not support this in practice. Following our inspection, the registered manager and provider's consultant assured us they were acting on these concerns.

We continued to find people's needs were not always assessed in a timely manner to provide guidance for staff delivering their care. Following our recommendation improvements had been made in the induction training for staff new to care. However, the training required by the provider had not been completed by all staff, this included training to meet people's healthcare and safety needs. Improvements had been made in the management of people's nutrition and hydration needs and people's weights were monitored for

changes. However, the monitoring, evaluation and actions to mitigate risks in this area still required improvement. We have made a continued recommendation about this. People and their relatives spoke positively about the food and choice of food available. Advice and guidance were sought from healthcare professional as and when people required this, and regular healthcare meetings were held to review progress. People's oral healthcare needs were monitored and met.

People and relatives told us they were supported by caring staff who were compassionate, patient and kind. People were treated with dignity and respect and told us staff listened to them and acted on their preferences and choices.

People and relatives told us the service met their (or relatives) needs. Records to support the delivery of person-centred care were still not always up to date, accurate or complete. Although staff we spoke with knew people well this is important to ensure guidance is available for all staff to follow. End of life care plans had not always been fully completed. Records did not always demonstrate people's preferences had been explored in respect of their end of life wishes. We had made a recommendation about this in our previous report. The registered manager has taken action to improve people's records to support person centred care. The provider had improved their implementation of the Accessible Information Standard to support people's communication needs.

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 13 August 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

At our last inspection we recommended the provider sought advice about the management of safety concerns, guidance on induction and training standards for care workers, the management of people's nutrition and hydration needs, consent for the use of surveillance equipment, end of life care practice and the Accessible Information Standard and updated their practice accordingly. At this inspection we found the provider had acted on some of the recommendations, but others had not been improved and fully embedded into the service.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about cleanliness, risk management, care planning and staffing. A decision was made for us to inspect and examine those risks. We have found evidence the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Living plus healthcare t/a Queen Anne Lodge on our website at www.cqc.org.uk.
Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to; safe care and treatment, person centred care, the need for consent, governance and staffing 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 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 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 caring.
Details are in our caring findings below.

Good ●

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 ●

Living Plus Healthcare Ltd t/a Queen Anne Lodge

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 three 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

Living Plus Healthcare trading as Queen Anne Lodge 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. Living Plus Healthcare trading as Queen Anne Lodge 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 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 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 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 carried out observations of people's experiences throughout the inspection and we spoke with eight people and 11 relatives. We spoke with 11 staff including the registered manager, the providers consultant, nurses, care staff, domestic, catering, laundry and the activities coordinator.

We reviewed care plans for five people, records of care provided for a further four people and the medicine records for 12 people. We looked at four staff recruitment and induction files and the training records for all staff. A variety of records relating to the management of the service, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 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 an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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 12

Assessing risk, safety monitoring and management

- At the last inspection we found records to assess and support the monitoring of people's risks were not always completed or evaluated effectively. We continued to find some risk assessments were not in place or required an update.
- For example, we found for two people with diabetes there was no person-centred risk assessment in place to guide staff to understand the risks of people's condition or what they should monitor for. Guidance was not available about what actions to take if the person refused their diabetic medication, which they did on occasion or the safe range for their blood sugar to determine if their readings presented a risk.
- For another person, a falls risk assessment was not in place although they had experienced falls. We observed at times they were without access to their walking frame in an unstaffed area and this could place them at risk of falls. Another person assessed as high risk of falls did not have a falls risk assessment in place.
- Where people were assessed as at risk of malnutrition, it was not always clear how the risk was to be managed and monitored. The registered manager told us food intake was monitored on daily care notes. However, those we checked did not show what and how much people had eaten was consistently recorded. This meant actions to mitigate the risks from malnutrition could not be effectively evaluated.
- Records to show people at risk from pressure sores were re-positioned in line with their care plans were not always completed at the frequency required.

We found no evidence that people had been harmed but the lack of risk assessment and monitoring placed people at risk of harm. This was a continuing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with had a good understanding of people's risks and how to mitigate them. However, information to guide staff, on people's safe care and treatment including staff who may not know people well continued to be of concern. Following the inspection, the registered manager has acted to address these shortfalls.

- People's relatives spoke positively about how risks to their relatives were managed. Their comments included, "I feel [person] is safe as the security is very good. [Person] has no mobility so I feel they look after their needs very well." "To ensure [person] is safe they have put a bed guard on her bed, when they take [person] to the lounge, two carers help with the hoist and then they put a pressure pad on the chair [person] sits on."

- Risks relating to the premises and equipment were not always safely managed.
- The fire risk assessment had not been reviewed since June 2020, and the last room fire risk assessment was dated March 2019. We found risks to people from fire and these had not been identified by the provider.
- We identified risks to people from an obstructed and unsafe fire escape route at the top of the building preventing a safe escape for people in this area. Not all fire doors closed securely, including one leading to a stairway and one fire door had been wedged open.
- Due to the concerns we found we asked a Fire Safety Officer to visit the home. They have subsequently issued the provider with a schedule of fire safety improvements and will return to check the action taken by the provider in November 2022.
- People had PEEPs (Personal Emergency Evacuation Plans) in place. However, the PEEPS lacked detail about the evacuation procedure and safe escape routes for the person.
- Fire drills had been completed by some day and night staff and some staff had completed a fire competency check. Not all staff had completed the providers annual fire safety training as required by the provider. Following the inspection, the provider told us that all staff had received a fire safety briefing when they started their employment and had now commenced a face to face fire training program.
- A cupboard containing mains electricity was accessible and did not have any signage to identify mains electricity panels were contained within. There was no information visible on the hazards this may present. The provider had failed to identify this or undertake a risk assessment to highlight the risk that this presented.
- The sluice room was unlocked and required deep cleaning. This posed risks to people if they should access these areas. The registered manager told us they would address this immediately.
- Portable appliance testing (PAT) testing commenced in February 2022, but this had yet to be completed.
- Storage of cleaning products, including chemicals were not safe. A disused bedroom was used for storage, but this room was very cluttered and unlocked and could present to risks to people if they accessed it. A staff member told us the door was always unlocked. This arrangement did not meet the requirements of the Control of Substances Hazardous to Health (COSHH) regulations. The registered manager told us they would address this. COSHH substances had been decanted into a spray bottle however, the spray bottles had been incorrectly labelled. This poses risks to the user. This was addressed during the inspection.
- Some moving and handling equipment was inappropriately left in corridors between use, one mobile hoist restricted access to a fire escape area. The hoist charging station, laundry trolley and electrical cables trailing on the floor caused a trip hazard.

The failure to ensure the safety of the premises and equipment was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider and registered manager took prompt action to address these concerns and some remedial actions were taken at the time of our inspection.

Using medicines safely

- Medicines were not always managed safely
- People were prescribed medicines to be given 'as required' these are referred to as PRN medicines. Not all PRN medication was managed safely. Protocols to guide staff as to their safe use were not always

personalised or detailed enough, or in place at all.

- For example, a person was prescribed two PRN medicines to help manage agitation and anxiety. The PRN protocols in place lacked information as to how these medicines should be used and when. When the person was given one of these medicines there was no record of why, or the outcome. This is important to ensure people were not given medicines to control their behaviour as well as to monitor the effectiveness of the medicine. In addition, these medicines when used together could cause detrimental side effects such as an increased risk of falls. There was no guidance in place to ensure they were used safely.
- Another person was prescribed a medicine to help manage anxiety, there was no PRN protocol in place to support the safe use of this medicine, including what actions staff could try before using this medicine.
- One person was at risk of refusing their medicines and records showed they had refused some or all their medicines for five out of six days. There was no guidance as to how this should be managed, or a record of any action taken in relation to this. We spoke to the registered manager who was aware of this but had not taken any action in response. This meant the person could have experienced detrimental effects from the lack of medication.
- Medicines applied to the skin (topical creams and lotions) were not always managed safely. Not all creams were labelled with the date of opening and some labels about the prescription were illegible. Guidance on the application of creams was not always in place. This meant people's creams could become ineffective or not applied as prescribed.
- Risk assessments were not always in place for the safe management of flammable creams and some of these creams were stored in people's bedrooms. Staff told us there were no risk assessments in place to provide them guidance on the risks regarding flammable creams. We raised this with the provider who told us they were in the process of implementing this.
- Where people were prescribed medicines that posed risks, such as those that thin the blood, we found no information available to staff to guide them in the safe management of these risks. There were no care plans in place to support the safe use of these medicines.
- Some monitoring information was incomplete. This included daily observations during the use of a short-term medication for a urinary tract infection and the rotation sites for the application of skin patches for pain relief.
- Not all stock was safely managed. We found there was a large amount of stock of one medicine held for two people. Excess stock should be managed through rotation and ordering, however the nurse on duty told us there was no system of rotation and this stock was not managed through ordering as further supplies had been ordered. There is a risk medicines could expire and become ineffective if stock is not managed correctly.
- Stock counts of medicines were inaccurate as they had not been consistently completed. For example, one person had six tablets remaining although the last stock count showed 13. This meant remaining stock could be assessed incorrectly and could result in medicines running out.
- When medicines were out of stock there was no information about the action taken to ensure continuity of care. For example, one person did not receive a medicine for at least five days because it was out of stock. The staff member undertaking medicine administration on the day of inspection told us they were unsure of what action had been taken.
- At the last inspection we found medicines for disposal were not stored in a tamper proof container in a cupboard in line with guidance. At this inspection we found the provider had taken some action to mitigate this risk by storing the medicine in a locked clinical room. However, these medicines were still not in tamper proof containers.
- Temperatures of storage areas were not consistently recorded to show they remained within a safe range. The nurse on duty did not know what action to take if the storage area temperature was outside of this range. Records showed when this was the case no action had been recorded. This is important to ensure medicines remain effective and safe to use.

- People's Medication Administration Records (MAR's) were not always fully completed in line with guidance. Handwritten MAR's were not countersigned and did not show the dose given. Staff did not always sign the MAR when they had administered a medicine. It is important that MAR's are fully completed to provide assurance about the safe administration of people's medicines.
- Medicines were administered by trained nurses, however not all nurses had a competency assessment in line with the provider's policy of six-monthly assessments. Training records showed not all nurses had completed training in the safe handling of medication. This was of concern due to the shortfalls we found.

A failure to ensure medicines were managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager has confirmed they have acted on these concerns. In addition, they have introduced more robust procedures for checking the management of medicines within the service.

Preventing and controlling infection

- Testing for COVID-19 was carried out in a screened section of the dining room. The dining room is a communal area and adjoins the kitchen, managers office and is a route through from bedrooms and lounges. Used test kits had not been safely disposed of and had been left out on a table. This arrangement increased the risk of the spread of infection. Due to testing being carried out in a communal area of the home this limited space for people. During the inspection the registered manager relocated the testing area to a safer and designated area.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home appeared clean except for the sluice room which required a deep clean. Although cleaning schedules were in place these were not being consistently completed to show cleaning tasks had been done.
- We observed staff were using the correct PPE. However, we had to remind some staff to wear their face masks over their nose and mouth in line with guidance.
- A system for monthly infection prevention and control audits was in place.
- We raised these issues with the registered manager who has acted to address them. The registered manager submitted an audit following the inspection.

We recommend the provider considers current guidance on the prevention and control of the spread of infections and updates their practice accordingly.

Visiting in care homes

The provider was facilitating visits to the care home. Visitors were required to complete testing on-site prior to their visit. Although this was not in line with current guidance, the provider told us this practice was in place to exceed minimum standards to ensure safety in the home. We discussed this with the registered manager and signposted them to resources to develop their approach.

- Relatives spoke positively about the cleanliness of the home and the implementation of safety measures during the pandemic. They confirmed visits by arrangement were in place and a relative said, "I can visit as many times as I want, and I can see [person] in their room. I believe the home is clean and well maintained at all times."
- We were assured the provider was admitting people safely to the home to protect those already living there.

Staffing and recruitment

- The provider used a dependency assessment tool to determine the care staffing requirement in the home based on people's needs. The provider's consultant told us they were developing a tool to determine the number of nurses required.
- Staff rotas showed the staffing levels were usually in line with the provider's calculation. Overall, we found people received the care they required, and the provider was working to address any shortfalls.
- The registered manager told us they were struggling to recruit nursing staff however, there was always one nurse on duty and the registered manager, who is also a nurse supported this nurse if a second nurse was not available during the day. Some care staff were undertaking training to enable them to support the nursing staff with clinical tasks.
- We received mixed feedback about staffing levels in the home. People we spoke with told us staff were available when needed, although response time to call bells was 'variable' subject to demand, however, no one said their needs were not met.
- Staff we spoke with told us staffing levels were impacted by the 'skill mix' of staff. When agency or inexperienced staff were on duty and when staff were allocated to support people one to one this created staffing pressures. A staff member said, "Its manageable, but not fair [on people]." The registered manager told us rotas were being reviewed with senior care staff to ensure the skill mix of staff was considered.
- Most relatives told us they thought staffing levels were 'good', with some comments reflecting there were times when staff were less available. Relatives commented on the use of agency staff in the home but raised no concerns about the quality of care from agency staff. A relative said "They have used agency staff, but they use the same ones regularly and they have got to know the residents well too."
- Staff were recruited safely, and the appropriate checks were carried out to help ensure staff were suitable for their role. The provider and registered manager were working with employment agencies to ensure all checks for agency staff were completed and confirmed prior to them working at the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to identify and promptly investigate potential safeguarding concerns. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 for these concerns.

- Procedures were in place and followed to investigate and report potential safeguarding incidents.
- Staff we spoke with understood how to identify and report safeguarding concerns. However, not all staff had completed their annual safeguarding training. The registered manager assured us this was in progress. A staff member said "If I felt someone was being neglected with medicines or food, if we were understaffed and if no one was listening to us, if a person supported one to one was walking around on their own I'd raise a safeguarding."
- People and relatives told us they felt safe at the service. A relative said, "My relative has been in the home for three or four years and I am very sure that [person] is safe in the home. We have never experienced any problems or concerns." A person told us they felt safe and said, "I am well looked after by the staff."
- The registered manager carried out a prompt review of incidents to identify potential safeguarding concerns and reported where appropriate to the local authority safeguarding team.

Learning lessons when things go wrong

- At our last inspection we recommended the provider updated their practice to ensure safety concerns

were managed appropriately. At this inspection we found the management of safety issues had improved.

- A more robust system was in place to enable the registered manager to audit incidents in the service and identify actions which improved outcomes for people. For example, taking action to reduce the likelihood of falls for people.
- An in-depth handover had been introduced in the afternoons to ensure all staff were aware of people's current needs and risks and identify any safety concerns.
- The registered manager and provider's consultant were developing the system to identify trends and themes to enhance learning opportunities from this analysis.
- Regular meeting was held with a multi-disciplinary team of healthcare professionals to review people's needs and identify improvement actions.

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.

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

At our last inspection the provider had failed to carry out an assessment of the needs and preferences for the care and treatment of service users which considered nationally recognised evidence-based guidance. This was a breach regulation 9 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 9.

- We continued to find examples of people recently admitted to the service without a full needs' assessment in place. One person had needs relating to diabetes, post stroke seizures, behaviours which may challenge others and was a high risk of falls. Whilst the registered manager had acted to support the person safely by implementing one-one support, the lack of assessment meant guidance was not available to guide staff on their care and treatment needs.
- A staff member told us they had not seen any risk assessments for this person.
- We spoke to the registered manager about this who told us they were introducing a new admission checklist which gave prompt targeted times for people's needs to be assessed. This has yet to be embedded into practice.

The failure to carry out an assessment of the needs and preferences for care and treatment of service users was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed a needs assessment had been carried out for this person in consultation with healthcare professionals.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider considered current guidance on the induction and training standards for care workers and updated their practice accordingly. At this inspection we found the provider had improved their induction training for staff new to care. However, the training required by the provider had still not always been completed.

- Training was provided for staff using a mixture of face to face, e-learning and workbook learning. The provider's training records showed not all staff including nursing and care staff had completed training as required by the provider. This included training in subjects such as; safeguarding, fire safety, infection control, dementia awareness and health and safety. This meant people could be cared for by staff without the knowledge, skills to fulfil the requirements of their role.
- Staff were supporting people with health conditions including diabetes, pressure sores, and epilepsy. Some people required a catheter and most people required support with their medicines and end of life care was provided. Nurses were responsible for supporting people with their health conditions. Training records showed that nurses had not all completed training in these areas or provided evidence of training completed elsewhere.
- Staff supervision had not been consistent and competency assessments had not always been completed, for example in relation to medicines management. This meant the provider could not be assured staff were competent to carry out their role.

The failure to ensure staff received appropriate training, supervision and appraisal was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Following the inspection, the registered manager provided us with evidence training was planned, and evidence of training undertaken elsewhere had been provided.

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 we found the provider had failed to work within the principles of The Mental Capacity Act (2005) This was a breach of regulation 11 of Regulation 11 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 11.

- DoLS applications had been made for people and we saw authorisations were in place. However, for one person a DoLS had been authorised in September 2021. The authorisation included a condition which had not been met at the time of the inspection. Conditions are applied by a DoLS assessor and must be carried

out by the 'managing agent' in this case the provider. We brought this to the attention of the registered manager who acted to complete the condition.

- Restrictive practices such as the use of bed rails did not always have a mental capacity assessment or best interest decision for people who lacked the capacity to agree to their use. This was raised at our previous inspection and we continued to find this had not been addressed.
- Where best interest decisions had been made the records did not always show the required information such as how the decision about the person's best interests was reached, what the reasons for reaching the decision were, who was consulted to help work out best interests, and what particular factors were taken into account.

The failure to act with in the principles of the Mental Capacity Act (2005) was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives we spoke with told us they were consulted about their relatives' needs including where decisions had to be made in their best interests.
- Following the inspection, the registered manager confirmed they were in the process of reviewing assessments and records of decisions which would be updated.

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

At our last inspection we made a recommendation the provider sought advice and guidance on the management of people's nutrition and hydration needs. At this inspection we found some improvements had been made but further improvement was required.

- The provider had improved their system for the monitoring of people's weights. People were weighed monthly and the system showed whether they had gained, or lost weight compared to the previous month. Remedial actions were then identified; however, these were not always specific enough, or effectively monitored to show how the risk of malnutrition was to be managed.

We continue to recommend the provider continue to seek advice and guidance from a reputable source on the management of people's nutrition and hydration needs and update their practice accordingly.

- Records showed other health professionals had been consulted when risks associated with nutritional needs were identified. This include the speech and language therapists (SaLT) and GP's.
- The cook was aware of and catered for people's dietary needs, including; diabetic, pureed, and softened diets. They told us they spoke regularly with the registered manager about people's requirements. The cook also consulted people about their likes, dislikes and preferences.
- People and relatives spoke positively about the food available in the home. A person who had previously worked in catering told us, "Food if I don't enjoy it, I tell them – they do well." A relative said "[Person] enjoys the food and eats well. [Person] has a choice each day and she gets snacks, coffee, tea, juice and milkshakes."

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

- The service continued to work with other agencies to support people's needs. Relatives confirmed people were supported to access healthcare providers as required. A relative said "The service has involved the GP in [person] care when needed and they have ensured that the hairdresser and chiropodist visit [person] too. When they call the GP, they inform us. If it has been an emergency, they have called the doctor immediately,

rather than calling us first. They do spot things very quickly."

- The service met regularly with a multi-disciplinary team of health professional to review people's needs; this improved outcomes for people.
- People's oral health needs were planned and met. The registered manager had raised staff awareness about this and provided information and guidance to promote good oral health. The registered manager said the initiative had resulted in "less toothaches and less discomfort in mouths and less thrush. This has been embraced by the staff."

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

- We found there was poor directable signage throughout the home. There were no signs on toilets and bathrooms to identify these rooms for people. For people living with dementia, clear text and pictorial images with contrasting background can help people to orientate and maintain their independence.
- We noted odours in two places with the home. For example, clinical waste bins where waste such as used incontinence products, were stored in cupboards which created unpleasant odours. We asked the registered manager to review this as it was creating odours close to people's bedrooms.
- We noted three recliner chairs in the lounge were stained and dirty. The registered manager told us these were in the process of being replaced.
- People's rooms were identifiable by a number. The registered manager told us, and we saw they were creating more personalised room identification using images from people past and present.
- We saw people enjoying the outside space at the front of the service. A smaller lounge was being used by two people living in the home who enjoyed spending time together and to facilitate visits with their family.
- At the time of our inspection the provider was continuing to make improvements to the environment such as decoration and replacement of furniture.
- Following the inspection, the registered manager confirmed they had ordered appropriate signage for bathrooms and toilets. They were reviewing clinical waste storage and replacing furniture

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 remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind, caring and compassionate. One person told us, "The staff are kind and caring, they get me what I need." People's relatives told us, "The staff are kind and caring, they do a good job" and, "I can't fault the staff, they listen to me if I have questions and help me." Another person's relative told us, "The staff are kind and caring and they demonstrate respect."
- Throughout the inspection, we observed staff interacting with people in a kind and caring manner. Staff demonstrated a good understanding of people's individual needs and were able to explain people's preferences when asked. Staff knew people well, one person's relative said, "They [staff] often have a little jiggle in front of [person] when music is playing to make them laugh."
- Staff cared for people with dignity and respect. Staff were able to explain how they respected people's preferences and choices and cared for people in line with their wishes. This was observed during the inspection with staff responding to people's needs promptly. One person's relative told us, "They [staff] put a sign on the door if they are giving personal care so that people know not to enter."
- Staff were aware of people's personal histories which enabled them to communicate appropriately with people. This enabled staff to support people's protected characteristics.

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

- During the inspection staff were observed to be respectful of people's choices and decisions while encouraging their involvement in their care. People and their relatives confirmed this. One person's relative said, "The carers don't push [person] to do anything, however at times they do have to coax them with some personal hygiene issues, but they do it very nicely so they think they have made the decision."
- People told us they felt involved in their care. During the inspection, we observed staff seeking people's input into the care provided. One person told us, "I do feel involved in my care plan. I can tell the girls what I want, and they get it for me, they look after me well here, I'm happy."
- Staff were aware of people's care needs and abilities to participate and make choices around things that were important to them. One staff member told us, "I treat everyone as an individual, listening to people, taking the time to do the little things and not just a task. If you know someone likes lipstick, you do that for them. Be person centred and comforting." Another staff member said, "I love my job; every day is different, and it feels like home. It's like a reward to me to make someone laugh."
- At the time of inspection, staff were observed to care for people in a person-centred way that was appropriate to their individual needs. Staff spoke to people in a way they could understand, ensuring they were given choices and encouragement to make their own decisions. For example, people were given the choice of where to spend their day, eat their meals and receive visitors
- Some people were cared for in their bedrooms. Staff made sure people in their rooms had access to a call

buzzer, refreshments and entertainment depending on their personal interests. One person who was cared for in their bedroom told us if they press the buzzer, someone comes to see them.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt they were respected and treated with dignity. One person was observed to need assistance with eating due to being partially blind. This person's relative confirmed, "Staff don't just leave food in front of them. Staff give a plate with a guard and protect their clothes, sometimes they have sandwiches which are easier for them to be independent with."
- During the inspection we observed staff maintaining people's privacy and dignity. This included when transferring using mobility aids in communal areas. During these times, staff used screens to maintain privacy and dignity. Also, staff always communicated well with people and explained the process throughout.
- There were systems and processes in place to provide care with respect and ensure people's protected characteristics were respected.
- People were observed to communicate their needs and choices with staff and told us they felt able to do so. This included people knowing who staff were and being able to approach staff or ask questions.
- Staff were seen to promote and support people to be as independent as possible throughout the inspection.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs may not always met.

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

At our last inspection we found there was a lack of accurate, complete and up to date records in respect of each service user. This was a breach of Regulation 17.

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

- Not all care plans were up to date or completed. This meant staff, including staff who did not know people well may not have all the information available to them to deliver person-centred care.
- We found examples where people had needs in relation to their mobility, skin integrity, nutritional needs and behaviours that may challenge others. However, care plans were either not in place or required a review and update for these needs.
- A staff member said "[care plans] they are not up to date but they can be informative – some of them."

We found no evidence that people had been harmed and the staff we spoke with were knowledgeable about people's needs. However, the lack of an accurate, complete and up to date records in respect of each service user meant people could be at risk of harm from support that did not meet their needs and preferences. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager who assured us, and evidenced they were in the process of updating and reviewing people's care records to ensure they were fit for purpose. This was yet to be achieved and embedded into the service.
- Relatives confirmed their involvement and one person's relative told us, "I have been involved in my parents care plan. I was asked how I would like them cared for." Another person's relative told us, "There is a care plan which is reviewed regularly. They asked me to discuss [person's] needs, I am 100% happy with it."
- People and relatives told us they, and their relatives received the care and treatment they required to meet their needs. We received positive feedback about how staff provided person centred care. Relatives comments included, "The care the home meets [person's] needs. I don't feel [person] could be better looked after anywhere else. The staff take time to care," and, "[Person] needs have been met for the past four years. [Person] is happy. [Person] does suffer from anxiety but the home does everything to keep them settled. They are able to calm [person] down. It is also helpful that all the staff know their likes and dislikes, so that helps to reduce their anxiety attacks."

- Care staff we spoke with had good knowledge of people's individual needs and knew how to meet them. For example, staff described to us how they supported people with behaviours that challenge others which showed a person centred, flexible and compassionate approach was provided to meet people's needs.
- Care plans which had been reviewed and updated showed a more person-centred approach had been taken.

End of life care and support

At our last inspection we recommended the provider considered advice and guidance on end of life care and updated their practice accordingly.

- At this inspection we found the registered managers plans to improve practice in the home including implementing learning from training and improving care plans for people at the end of their life had not been fulfilled. We spoke with the registered manager about this and they told us they had not yet embedded learning from end of life training in the service due to the departure of a key staff member in this area.
- We reviewed the care plan for a person who had been diagnosed as coming to the end of their life. Information about funeral arrangements and relative contact was recorded. However, their end of life care plan had not been reviewed since February 2022. There was no information about how the person was to be cared for at the end of their life, to show their preferences had been explored and their care was person centred. It is important to carry out a holistic assessment and plan of care for the end of people's lives and their needs should be regularly reviewed. This helps to make sure all staff are aware of people's wishes and to provide the care that meets people's health, social and cultural needs and preferences.

We found no evidence that people had been harmed. However, the lack of an accurate, complete and up to date records in respect of each service user meant people could be at risk of harm from support that did not meet their needs and preferences. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For this person anticipatory medicines (prescribed in advance of the person experiencing distressing symptoms) were prescribed and available. In addition, staff we spoke with knew this person well.
- At the time of the inspection the registered manager and provider's consultant were working on developing their approach. This was to ensure people and their relatives were encouraged to consider and record their preferences and wishes for the end of their [or relative] lives.
- We did see the service had continued to receive compliments from people's relatives on the quality of care their relative had received at the end of their life.

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 (AIS). The AIS 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.

- At our last inspection we made a recommendation the provider sought advice and guidance on the implementation of the AIS and updated their practice accordingly. At this inspection we found the provider had acted on this recommendation.
- People's care plans included their communication needs and described how these should be met. In addition, information was available to people and staff on the AIS and how to implement it.

For example, we saw a person's care plan contained advice and guidance on communicating with people living with dementia.

- Communication aids such as using Apps on a computer and images on cards were used to support people with their communication.

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 continued to be supported with their interests and activity needs. An activities coordinator was employed who spent time with people to get to know their interests and history so that relevant activities were planned. For example, for one person who was a singer, a singalong took place every morning.
- The activities worker said, "I introduce myself and get to know people, we complete a 'this is me' and 'life history over time,' [document] some people only want to talk a little and sometimes it takes time. I will also speak to the family members."
- Time was allocated for group and one to one activities. On the first day of our inspection the activities coordinator was organising celebrations for the Queen's Platinum Jubilee. On our following site visit people told us the event had been a great success. The home was decorated, and a barbeque was held with friends and family. The next planned theme was 'Pride' a celebration and awareness of the rights and history of people who are lesbian, gay, bisexual and transgender and other identities. The activities coordinator said, "It's a subject we will start talking about."
- People's relatives spoke positively about the activities in the home their comments included; "The home has an activity coordinator who spends time with [person] in her room as [person] will not agree to be taken to the lounge. I believe she [activity coordinator] has been helping them to knit," "Dad is happy with the care he gets and because the home really does its best to entertain him," and, "The home provides lots of activities for the residents. [Person] can join in with games, skittles, cards, and this last weekend they had a great Jubilee event."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place which was available to people, relatives and visitors. There were no complaints outstanding at the time of the inspection.
- People and relatives told us they had no cause for complaint and felt they could raise concerns with the staff and manager if necessary. A person's relative said, "I have never had to make a complaint, but I am aware that the complaints policy is on display in the entrance. However, I would go to [registered manager or staff member] if I had anything to discuss."

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 for this key question 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 our last inspection we found the provider had failed to ensure an effective system to assess and monitor the service and improve the quality and safety of the service. This as a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Following the last inspection, the provider submitted an action plan detailing what they would do by when, to achieve improvement and compliance with the regulations. We found some continued breaches of regulation and some recommendations had not been acted on or improvements had not been sustained.
- The system had been improved to audit elements of the service. However, this was not robust as we found some audits were not always consistent and did not identify the issues we found on inspection. For example; the maintenance audit should be monthly but the last one was March 2022. The health and safety audit had not been completed in May 2022. This meant risks to people were not being consistently monitored. We found concerns in these areas as described in the safe key question of this report. The medicines audit had not identified the concerns we found on inspection.
- The concerns we found regarding the fire safety of the service had not been identified and the fire safety team whom we asked to audit the service found areas of risk to people.
- We continued to find shortfalls in people's records to support their care and treatment. We spoke to the registered manager about this who told us not all staff responsible (nurses) had completed care plan reviews and updates as required. The registered manager said, "I speak to nurses so many times about updating their care plans, I have now had to pick this up, there is still a lot of work to do." This issue has been identified on the providers audit for action, however performance management in relation to this issue had not been effective.

The failure to ensure an effective system to assess and monitor the service, mitigate risks and improve the quality and safety of the service was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager acted to address some of the concerns we found in relation to infection control and health and safety.
- The provider had employed a consultant to work alongside the registered manager to support her in making improvements. We saw together they were acting to make changes and improvements. The consultant told us, "I think it's really important not to rush and embed them [changes] moving forward."

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

- People and their relatives told us the service culture was positive. Comments included; "The manager is very visible, supportive and friendly. The home is well managed as it provides a very good service. I would recommend the service. The home has a warm feeling and there is a caring, friendly environment with professional staff" and, "I feel the service is well managed as the manager is very good, she stands by her word. She runs the home effectively."
- Care staff we spoke with told us they were happy at work in the service and the care team worked well together with good support from the registered manager. Two staff members told us about improvements in the culture and said, "I now feel listened to, in the last couple of years it's got a lot better and with [consultant] on board it's even better." Another staff member said, "Teamwork has improved, the divide between the day and night staff has stopped."
- From the feedback we received there was a lower level of satisfaction within the nursing team. There were also areas identified in our inspection such as medicines and nurses training which required improvement within the clinical team. The registered manager and consultant had identified this as an area of improvement and told us they were planning to provide more support to nursing staff.
- The registered manager told us they and the consultant operated an 'open door policy' and said, "Staff can come to us with anything," the consultant said, "We encourage staff to learn from mistakes, encourage camaraderie and to take more responsibility for what they are doing."

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 continued to apply the duty of candour where required following incidents in the service.
- Notification to CQC concerning incidents in the service were submitted as required.

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

- The registered manager told us they invited relatives to attend and give feedback during meetings with residents in the home. Some relatives we spoke with told us they had been asked or given their feedback about the service. Their comments included, "I have been asked to provide feedback regarding the service provided. I gave feedback face to face with the manager," and, "I have had a questionnaire to fill in regarding the service and I have given verbal feedback too. I know [registered manager] she is open, friendly and supportive." Others said they had not been asked for feedback but felt they could give this at any time to the registered manager.
- At the time of our inspection a survey was being carried out with people and their relatives, a staff survey had been completed. An analysis of this information was not available for the inspection.
- A staff survey had been completed and analysed, the registered manager told us the main findings showed staff wanted more contact from the provider. The consultant was now acting as the provider's representative in the service and the registered manager said staff had felt this was an improvement. Most staff we spoke with told us they felt listened to and supported by the management team.

Working in partnership with others

- The service worked in partnership with other organisations to promote good outcomes for people. This included healthcare professionals and the local authority safeguarding team.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: The provider had not always carried out an assessment of the needs and preferences for care and treatment of all service users. Regulation 9 (1)(3)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met: The provider had failed to act in accordance with the requirements of the Mental Capacity Act 2005 to ensure consent was always provided by the relevant person. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had failed to always assess and monitor risks to people. Regulation 12(1)(2)(a) The provider had failed to ensure the premises and equipment were safe to use Regulation 12(1)(2)(d) The provider had failed to ensure the safe and proper management of medicines Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	How the regulation was not being met: The provider had failed to ensure all staff received appropriate training. supervision and appraisal.
Treatment of disease, disorder or injury	Regulation 18 (2)(a)

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	How the regulation was not being met: The provider had failed to maintain an accurate, complete and up to date record in respect of each service user's care and treatment including decisions taken in relation to the care and treatment provided. Regulation 17(2)(c) The provider had failed to ensure an effective system to assess and monitor the service, mitigate risks and improve the quality and safety of the service. Regulation 17 (1)(2)(a)(b)
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued the provider with a Warning Notice