

# Belmont Healthcare (Haslington) Ltd

# Haslington Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

# Summary of findings

## Overall summary

Haslington Lodge is a care home that provides accommodation and personal care for up to 46 people. At the time of the inspection, there were 37 people living at the service who were older people with varying needs including dementia. Accommodation was provided over three floors; people with similar needs were accommodated on the same floors.

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

People told us they felt safe living at Haslington Lodge, they were positive about the staff who supported them. Staff were knowledgeable about people's recorded needs, they treated people respectfully and with dignity.

However, we found medicines were not always safely managed. There were gaps in administration records for some medicines staff had given and some protocols, about medicines people required occasionally, were missing. Other aspects of medicine management did not meet published guidance.

There were not always enough staff to meet people's needs. Some staff spoke of difficulty in being able to monitor some people because of the need to provide other people with support. Staffing levels did not meet the number the registered manager had assessed was required.

Records of the daily care were not always detailed enough to reflect if some people's specific support needs were fully met. Where people needed particular support, for example, with behaviours that could challenge themselves or others, strategies for staff were not recorded in care plans. Accidents and incidents were recorded and investigated.

Staff reacted quickly in getting support for people where they had concerns about weight loss and put appropriate measures in place to monitor what people ate and drank. However, people did not always receive the support needed to eat. On the day of our inspection, most people did not enjoy their lunch; a lot of meals were returned to the kitchen unfinished and staff were not always available to support some people to eat.

Staff had received training about safeguarding people from potential abuse. However, despite knowing people were at risk from less than assessed staffing levels, they had not raised this as a possible safeguarding matter.

People's needs had been assessed and, where possible, they or family members were involved developing and reviewing their care plans. However, some aspects were incomplete, for example, a section called 'This is Me' which is intended to provide information about people's history, likes and dislikes and other essential information. In addition, some people had not been given an opportunity to discuss their end of life preferences if they wished to do so, or their unwillingness to do so had not been recorded.

Staff worked with health care professionals to support people to stay as healthy as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, where people no longer had capacity to make some decisions for themselves, decisions made on their behalf were not always recorded in line with legislation.

Appropriate recruitment checks were completed, and people were supported by staff who had been recruited safely. People were protected from the risks of abuse and discrimination by staff who were trained to recognise the signs of abuse and knew how to report any concerns.

Some of the shortfalls identified during the inspection had been found during audits, but timely action had not been taken to address them. Other shortfalls had not been identified during the auditing process.

People and their relatives told us the staff were kind and caring. Staff spoke respectfully about people. People's privacy and dignity were respected, and their independence was promoted.

People told us they did not have any complaints and knew how to complain should they need to. People, their relatives and staff felt the service was well-led. The registered manager and staff worked closely with the local authority and other health care professionals to provide joined-up care and support.

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

#### Rating at last inspection

The last rating for this service was Inadequate (published 4 September 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on our current inspection programme.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Enforcement:

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Haslington Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the service was registered. We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about

how well the service was meeting people's needs and wishes. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the regional operations manager, senior care workers and care workers.

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

We asked the registered manager to display a poster about our inspection in the communal area of the service inviting feedback from people and visitors. Following this inspection visit, we received additional feedback from a visitor to the service.

#### After the inspection

The registered manager sent us an updated training matrix together with the home improvement plan for the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place, but records about the support people received did not always show if actions were taken to reduce risk. For example, a risk assessment about the condition of a person's skin told staff the person should be bathed in a lotion every other day. Care records and discussion with the registered manager could not establish if this had been done. Records for another person showed they had not opened their bowel for five days. Although PRN medicine was available, there was no guidance for staff about when it should be given. We discussed this with the registered manager who agreed to put guidance in place.
- Another person was at high risk of falls and, because of this, their care plan stated they must wear a head protector. The person did not wear their head protector throughout the inspection. Staff and the registered manager told us the person refused to wear it or took it off. Their risk assessment required them to be supervised when mobilising, however they had fallen three times. Each fall was unwitnessed by staff; one fall resulted in a small bump to the side of their head. Arrangements to supervise the person were not adequate. This placed the person at risk of head injuries.
- Checks on the equipment used by the home and the home environment took place regularly. Hot water temperature checks showed an occasion when the water in the downstairs bathroom was 47°C, the maximum should not exceed 43°C. There were no records that staff recorded water temperatures before giving people baths and none of the staff spoken with were able to find a thermometer. Although the hot water temperature had been adjusted to within safe levels at the time of the maintenance check, the registered manager agreed to introduce a working practice for staff to check the temperature of water before washing, bathing or showering people.

The provider had failed to manage risks relating to people's health and welfare. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records of incidents and accidents were complete. For example, one person sustained a skin tear to their lower leg and staff had arranged for a district nurse to dress the wound. The registered manager investigated how the incident had occurred and took action to prevent it happening again.

Staffing and recruitment

- There were not enough staff to meet people's needs. The registered manager used a dependency tool to assess people's needs to calculate staffing requirement. In September 2019 they assessed 10 staff were required to meet needs of 36 people at that time. Although recruitment was underway, care staffing levels remained at eight, even though occupancy had now increased to 37 people. When discussed with the regional operations manager, they made immediate arrangements to bring in two agency staff so that 10

staff would be on duty. They could not explain why this action did not take place in September when the need was identified.

- Staff told us there were not enough staff to give care and monitor people walking to reduce the risk of falls. During the inspection we found two people sitting in the library in the dark. There were no staff with them and one person was assessed as at high risk of falls. When brought to the attention of staff, they immediately supported the people.
- During the inspection we saw people who needed assistance to eat did not always get the help needed; some people's food went cold as it sat in front of them. Where some people did receive support, staff were busy and were not able to consistently prompt people to eat.
- The regional operations manager and registered manager acknowledged the home was not running with the assessed number of staff. They explained they had run recruitment campaigns; however, recruitment was proving problematic. Staff who were employed at the home were safely recruited with all required pre-employment checks having taken place

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- Medicines were not always safely managed. We looked at medicine administration records (MAR) and found staff had not signed the MAR charts for four people who had been given medicines. Records for another person showed a medicated skin patch had been put in the same place on two consecutive days. This increased the risk of skin irritation or possible skin breakdown; it also did not meet the manufacture's treatment instructions. The same person's record showed three days where they had not received this medicine because no stock was held.
- Where some people received PRN (prescribed medicine given as and when required), there were not always guidelines in place for staff about when to give the medicine or what to do if it did not have the expected effect. In addition, the reason for administering them was not always recorded on the MAR chart. Sometimes staff recorded that a medicine was offered but not required, however, there was not always guidance for staff as to when this medicine might be needed.
- Records showed another person was given paracetamol by staff, however, this was not prescribed. In these circumstances, such medication can be considered as an 'over the counter or homely remedy'. In these circumstances, guidance should be in place about when the medicine should be given. This should be agreed with the GP or pharmacist to ensure it does not have any adverse effect on any other medicine a person is taking. In this instance, there was no guidance for staff or agreement of safe administration.
- Best practice and published guidance sets out that cover sheets for MAR charts should include a dated recent photograph of the person together with details of any medicine the person is allergic to. This is intended to ensure staff give medicine to the correct person and do not give them any medicine that may cause them harm. Not all records reviewed contained this information, this increased the risk of error. Best practice also sets out liquid medicine should be dated when opened as some have limited shelf life. This had not always been done.

The provider had not ensured the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with told us they knew how to identify concerns and felt confident any concerns raised



would be addressed by the registered manager. Staff told us if concerns were not addressed, they would report them to CQC or the local authority. They had received safeguarding training, they were knowledgeable and able to describe different kinds of abuse.

- However, despite the responses given by staff, we could not be wholly confident that safeguarding matters would be addressed properly by the home management team. This was because staff spoke of there not being enough staff to give care and monitor people walking. They had raised their concerns with the registered manager. The regional operations manager was aware of staff shortages but had not acted to address this. Additionally, staff could have raised concerns outside of their organisation, but had not. This is an area identified as requiring improvement.

#### Preventing and controlling infection

- Staff had received appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us and we saw they followed good infection control practices and used personal protective equipment (PPE) where necessary to help prevent the spread of healthcare related infections.
- The service smelt clean and fresh when we inspected. One person said, "The place is clean, they look after it well."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people told us they liked the food, however, on the day of our inspection some people ate very little and a large amount of food was returned to the kitchen uneaten. When discussed with the registered manager, they had noticed the same. They explained this was unusual but would introduce a formal system of feedback to the cook. Some people told us they found the meal unappetising.
- We saw people were brought to their tables about 20 minutes before lunch arrived. At that time there was no cutlery, condiments, table cloths, glasses or table decorations to identify to people that it was lunch time; some people kept getting up and walking off. When people received their meals, staff were unable to provide consistent support to some people to enable them to finish their meals. These are areas identified as requiring improvement.
- Otherwise, where people did not enjoy their lunch or had asked for something different, this was provided by staff. Where staff had identified concerns about people eating and drinking little or experiencing weight loss, food and fluid monitoring charts were put in place. Where weight was a concern, appropriate referrals had been made to the GP and other healthcare professionals such as dieticians.
- Nobody followed a diet specific to their cultural needs, although if needed, kitchen staff were happy to accommodate it. Speech and language therapist referrals were made where people had trouble swallowing or were at risk of choking. Where recommendations were made for softer textured food and drink thickeners, these were implemented.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principals of the MCA. When required people's capacity had been

assessed regarding specific decisions. Where staff assessed that a person was unable to make a decision for themselves, care staff did what was in the person's best interests. This is known as a 'best interests' decision'. In such cases, unless there is a justified reason not to do so, staff should work with family, friends, advocates, and health professionals to find out the person's values, feelings, beliefs, wishes and preferences in relation to the specific decision.

- When an outcome had been decided, the decision maker should ensure it was recorded and communicated to everyone involved. All participants should also have had opportunity to offer feedback or raise objections. However, best interest decisions were not always recorded. It was therefore not possible to review who had been involved in decision making processes. For example, where pressure mats were in place for people to alert staff to their movement. This is an area identified as requiring improvement.
- The registered manager had applied for DoLS authorisations for people where appropriate. They had a system in place to request renewals before authorisations lapsed and checked the progress of applications with the local authority. The registered manager confirmed any conditions attached to authorisations were met.
- We saw some people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people choose whether to participate in activities. Staff told us they encouraged people to make their own choices about the assistance they had, and asked for permission before helping them.

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

- The registered manager met with people before they moved into the service. An assessment was completed to make sure staff and the home were able to meet people's needs. The assessment covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. For example, people's religious beliefs, sexuality and any other life choices. The initial assessment formed the basis of people's care plans.
- People's needs were assessed using nationally recognised tools. These included Waterlow scores for skin integrity and the MUST score for malnutrition. The information recorded in the assessments was used to inform the basis of people's care plans.
- However, we discussed with the registered manager that, of those we looked at, the Waterlow tool was incomplete. This was because it did not link the risk score with recommended preventative actions. Although pressure relieving equipment was used where needed, this nevertheless introduced a risk of inconsistent care. This was identified as an area requiring improvement.

Staff working with other agencies to provide consistent, effective, timely care

- The management team and staff worked closely with healthcare professionals to ensure people's health needs were met. People received appropriate support to maintain good health. Community nurses visited people to provide their nursing needs.
- People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses. The GP visited the home regularly and staff took timely action when people were ill. People were supported to see an optician, dentist and chiropodist regularly.

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

- The design and layout of the service met people's needs. The home was well decorated and furnished, it was light, warm and welcoming. Lifts provided access to each floor.
- Pictorial and written signs helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets.
- Hallways and corridors were furnished with items of interest which people could touch. For example, old telephones, necklaces, and nuts and bolts attached to a display. People told us they were happy with their

bedrooms and were comfortable. People's rooms were decorated and furnished according to their preferences.

- There was accessible outside spaces for those who enjoyed sitting courtyards.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- Although staff interactions were compassionate and well-intended, actions of some staff did not promote behaviours of a caring service. For example, staff giving medicines will have seen gaps in records of administration. However, none had questioned whether medicines had been administered or recognised potential consequences of non-administration.
- Additionally, the home remained short staffed four months after this was initially identified. This impacted on people's daily experiences, for example, some people's food went cold while they were waiting to be supported to eat. Staff had not taken ownership of some concerns they conceivably should have identified and, where identified, the provider had not acted to address them. This is an area we have identified as requiring improvement.
- People told us staff treated them well, were kind and caring when they spoke with them and supported them. People told us, "The staff are kind and friendly, even when they are busy." and, "They are good, gentle and caring." A visitor told us, "The staff always have mum well dressed, her hair is brushed, she is clean and looks happy." Staff helped people to keep in touch with their family and friends and organised social events in the home. There were many visitors throughout the day who told us they were made to feel welcome.
- Staff were positive, jolly and encouraging when they interacted with people. Staff spoke kindly with people; people were relaxed and happy in their interactions with staff. For example, one person had fallen asleep in a lounge chair when it was time for their lunch. Staff held their hand, rubbed it gently and spoke to the person quietly to rouse them from their sleep. The person awoke and smiled at the member of staff. They were asked if they were ready for lunch and supported to the dining area when they were ready.

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

- People's preferences and choices were documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred a bath or shower.
- People decided how they wanted to be supported. The registered manager assessed each person's ability to do things for themselves or the levels of support they needed.
- Where possible, people told us they were involved in making decisions about their day to day care. One person had recently moved to the service and they told us they and their family were asked about how they liked to be supported. They told us, "I am happy living here."
- Information about advocacy services was available. Advocates, if needed, help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were

able to give examples of occasions when people had used advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet.
- People told us their dignity was protected and gave examples of staff covering them with towels, only leaving the area exposed which was being washed. Staff told us they made sure curtains were closed as well as people's bedroom doors when they provided personal care.
- People were supported to remain as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. Care records described what people could do for themselves and what support they required.
- People were able to spend time with their relatives and friends in private in their own rooms and in different communal spaces around the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were not always personalised or sufficiently detailed to describe the help and support people needed. For example, daily care notes recorded a person swearing and shouting. Their care plan did not record how the person should be best supported, there were no de-escalation strategies for staff or guidance about how to manage the person's agitation. They had been prescribed a medicine to be given when they were very agitated but there was no guidance about when it should be given.
- Another person had moved to the service in 2017. We looked at their care plan and found a part called 'This is me' had not been completed. 'This is me' is a tool to help health and social care professionals better understand who a person really is, which can help them deliver care that is tailored to the person's needs. This can help to reduce distress for people with dementia. It can also help to overcome problems with communication and prevent more serious conditions such as malnutrition and dehydration. It can be completed with the person, their family and staff observations. Staff could not explain why it was incomplete.
- Some people and their relatives confirmed being involved in writing and reviewing their care plan and some people could not remember. One person commented, "I'm not sure I have been involved in that yet". However, another person and their relative told us, "Yes, the manager spoke to us and we have no problems with it".
- People were not regularly supported and encouraged to stay as active as possible. They were not always engaged in meaningful activities. The activity coordinator's hours had been reduced and only worked two days a week. Discussion with staff and people found the activity person spent most of their time on middle floor; there were no activity logs for each person. Some people told us, "There isn't much to do."
- One person was described by staff as receiving doll therapy. In actuality, they sat at a table with dolls laid out in front of them; there was no direct interaction with staff supporting them. Where people preferred not to or were unable to leave their rooms, there were not always records of interaction with staff to prevent social isolation
- When discussed with the registered manager, they acknowledged a second activity person was needed. We were told recruitment remained ongoing together with a plan to provide a mini bus to facilitate outings.

The provider had not ensured care and treatment of service users met their needs and reflected their preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- Although the service did care for people at the end of their life, at the time of the inspection, no people were receiving end of life care.
- All staff had received training about end of life care planning, however, some of the care plan looked at did not contain any information or reason for not having an end of life care plan.
- When highlighted to the registered manager, they acknowledged end of life care planning had not been sufficiently developed. This is identified as an area requiring improvement

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. A member of staff told us, "I'd feel confident to speak to the manager if there was a problem."
- Complaints information was available and it gave people all the information they needed should they need to make a complaint.
- There had been 10 complaints about the service since it was registered under the new provider. These complaints had been resolved satisfactorily.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were happy with how the information they needed was presented. They said staff always took the time to help them to understand if they needed it.
- Most people were supported by family members or friends who helped them to understand information on a day to day basis if they needed it. Care plans were presented in a way that was appropriate for the needs of people using the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager, regional operations manager and key staff had completed audits to monitor the quality of the service. However, some audits had not been effective at bringing about needed changes or reducing risks.
- For example, audits of September, October and November 2019 identified a shortage of staff, while this had triggered a recruitment drive, additional staff were not deployed. When we discussed this with the registered manager, the regional operations manager immediately arranged for agency staff to cover the shortfall. The management of the home had been aware of the shortfall since September 2019, an immediate solution was at hand to deploy additional staff, but they had failed to do so. There was no explanation why this was not done when the need was first identified.
- As a measure to help to manage falls, the audit noted that staff had increased awareness of client whereabouts. However, staff had told us there were not enough staff to always monitor the whereabouts of people. The remedy proposed was not effective in reducing risk and did not consider the known shortage of staff. This was borne out by our observations.'
- Audits had not identified gaps in guidance for staff about how to support people or other missing information such as end of life care planning and guidance relating to some PRN medicines.

Systems were either not in place or robust enough to demonstrate risk was effectively managed and records were maintained fully and accurately. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had submitted notifications to CQC as required and understood their regulatory responsibilities.

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

- People, their relatives and staff told us the registered manager was approachable, open and transparent.
- One relative told us, "The manager keeps informed about the plans for the home and improvements they intend to make."
- The registered manager had organised residents and relatives' meetings which gave people a say in how the service was run and an opportunity to ask questions of the management team. The registered manager told us they were going to give people more direct contact with the cook.

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

- People, relatives and staff were asked their views on the quality of the service. Regular surveys were sent to relatives by the provider. The outcome was shared with people, displayed and discussed at meetings.
- The service had received a number of compliments from relatives about the care their loved ones had received.
- Staff told us they were able to share their ideas and felt listened to. Staff meetings took place regularly.

Continuous learning and improving care

- The provider used learning from their other services to drive improvement. Examples of learning were shared in managers meetings.
- The provider had researched and arranged a trip to take place in April 2020 with all managers to look at working practices and to learn from a flagship dementia service.
- The registered manager had a service improvement plan which highlighted both shortfalls and areas where the service wanted to improve. This formed the basis of an action plan and some actions, such as staffing, remained ongoing.

Working in partnership with others

- Staff worked with other professionals to ensure people's needs were met.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, dietician, mental health team or occupational therapist.
- The registered persons worked with people's relatives and advocates to support an ethos of joined-up working in meeting and reviewing care delivery needs.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured care and treatment of service users met their needs, and reflected their preferences.  Reg 9 (1)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured the proper and safe management of medicines and had failed to manage risks to people's health and welfare.  Regulation 12 (1)(2)(a)(b)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure systems were in place or robust enough to demonstrate risk was effectively managed and records were maintained fully and accurately.  Reg 17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there were sufficient numbers of suitably qualified,

competent, skilled and experienced staff  
deployed.

Reg 18 (1)