

Belgravia Care Home Limited

Clarence House

Inspection report

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Tel: 01253728885

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26 October 2021

27 October 2021

09 November 2021

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Clarence House is a residential care home providing personal care for up to 20 people, at the time of the inspection the home was supporting 15 people. The home supported people over three floors with main communal areas to the ground floor. There was a lift and stairs to all floors and all rooms were ensuite. One room was shared with consent and of the choice of the occupants.

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

People were at risk of receiving unsafe care as safeguarding procedures and risk management systems were not effective. There was not enough safely recruited staff to meet people's needs and medicines were managed by staff who were not suitably competent to do so. We have made a recommendation to ensure the latest infection prevention guidance is implemented.

Staff had not received the provider's mandatory training to support people and new admissions to the home were not appropriately assessed to ensure the home could meet their needs. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Whilst minimal support was required to support people with their nutrition and hydration, we have made a recommendation about keeping accurate records to monitor associated risks. People were mostly referred to specialist services as required.

We have made a recommendation about protecting people's privacy when having confidential conversations. Staff showed people respect. People enjoyed staff company and we saw positive interactions between staff and people living in the home.

We have made a recommendation to ensure care plans include the required information to show staff how to support people in a way that reflected their needs and preferences. We have also made a recommendation to ensure the provider implements their own complaints procedure and a recommendation to ensure people had opportunity to discuss their choices at the end of their life.

The provider did not have an effective system of quality audit and governance to show continuous improvement. Management were not clear about their responsibilities and had not met their responsibilities to notify the commission of certain events including serious injury. The registered manager had worked with professionals to identify concerns and actions to drive up the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 12/10/2019 and this is the first rated inspection.

Why we inspected

The inspection was prompted in part due to concerns raised about staffing, medicines and notification of a

specific incident. During the inspection we were informed the person involved in the specific incident had died. This incident may be subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of falls, managing risk and referral for medical attention when required.

We have found evidence that the provider needs to make improvements. Please see all key question sections 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.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We found breaches to eight of the regulations. Breaches were associated with risk management, safeguarding, staffing, safe recruitment, good governance, consent and the Mental Capacity Act, person-centred care and the submitting of notifications as a requirement of registration. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures: The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not 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?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Clarence House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of five inspectors who inspected over four days.

Service and service type

Clarence House 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

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed all the available information we held about the provider and location including information received by other professionals. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to

plan our inspection.

During the inspection

During the inspection we spoke with five people in the home and six members of staff including the registered manager, carers, domestic staff and the chef. We also received two responses to email surveys sent to staff. Throughout the inspection we were liaising with professional teams to ensure the safety of people in the home including the Local Authority safeguarding team and medicines team. The inspection was extended to review further information and assure ourselves action had been taken to keep people safe.

We reviewed the records of nine people and five in detail. We also looked at medicine records for people in the home. We reviewed four staff recruitment files and looked at other information to show us how the home was managed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider and at Clarence House this is the same person as the registered manager.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence and requested information to support what we were being told. We continued to liaise with both the local authority and other stakeholders to support the provider.

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.

Systems and processes to safeguard people from the risk of abuse

- We found limited understanding of procedures and processes in place to protect people from abuse.
- The registered manager did not make appropriate referrals to the safeguarding team when abuse was suspected, including an incident where medical assistance was provided when not required, self-neglect and other accusations of abuse made by concerned family members.
- Referrals were made inappropriately including in situations where people supported by the service were not at risk of harm. For example, when staff felt threatened.
- The provider and registered manager did not assure us they had a comprehensive understanding of procedures and when to take appropriate steps to protect people from the risk of abuse.

We found no evidence that people had been harmed however, systems were either not in place or followed to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act (regulated activity) Regulations 2014.

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

- We were not assured the risk to people living in the home was appropriately assessed to allow actions to be identified to mitigate associated risks. Risks to individuals' health and welfare were not assessed. Staff did not have information they needed to safely support people.
- We were told, one person refused care and support with their personal care needs. A risk assessment was provided upon request but, it did not inform staff of the action they should take to meet the person's needs. The risk assessment simply identified the risk, without any required action to mitigate it.
- Risk assessments were not completed in a timely way when people were first admitted to the home. This put them at risk of inappropriate care as staff did not have the guidance, they needed to support people effectively.
- We reviewed the completed accident and incident records for the three months prior to the inspection. Records did not include the detail required to update a risk assessment to mitigate future risks. Records were not reviewed by the registered manager and no analysis of the information was completed to determine if any action was required to make the environment safer.
- We looked at information in place to safely support people in the event of a fire and if an evacuation was needed. We found personal emergency evacuation procedures (PEEPS) were on the back of doors where the named individual did not reside. This was pointed out to the registered manager and was addressed by the end of the inspection. However, the PEEPs had not been amended to reflect the updated evacuation plan.
- We made a referral to the fire service who completed a full audit on 25 November 2021. Steps were taken

to address any concerns identified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act (regulated activities) Regulations 2014.

Staffing and recruitment

- Staff were not suitably competent to identify and meet the needs of people in the home.
- Call bells were often out of reach of the people supported and we saw when these were used that staff were not familiar with the system.
- Not all the required staff were trained in the basic principles of care delivery including medicines management, first aid and how to be a fire marshal. Some of this was addressed during the inspection but not every shift did not contain a staff member trained in each of the three key areas required to keep people safe.
- The registered manager told us new staff were not trained in administering medicines until they had been in post for two to three months. This meant new staff did not receive the training they needed to safely complete their role.

We found no evidence that people had been harmed however, staff on shift did not always have the competence, skills and knowledge to safely deliver the support required to people in the home. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act (regulated activities) Regulations 2014

- The provider could not demonstrate staff in the service had been safely recruited and were safe to work with vulnerable adults. We reviewed the recruitment files for four staff. Information required to demonstrate safe recruitment was not available in line with the schedule 3 requirements of the regulations.
- None of the files we looked at had any information on the interviews completed by the applicant. This included interview questions and their responses.
- We saw DBS first checks had been completed but staff were recorded as a part of the rota prior to their full DBS check being received. All of the second references reviewed were character references and there was not any available evidence to show these had been verified.
- We saw employment applications forms which had unexplained gaps in the details of employment, without interview records there was no evidence the employment gaps had been addressed with the applicant.

We found no evidence that people had been harmed however, information required as part of schedule 3 requirements was not available in recruitment records, we could not be assured staff have been safely and appropriately recruited. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (regulated activities) Regulations 2014

Using medicines safely

- Records and procedures used to assure the safe handling, managing, recording and administering of medicines to people were not kept in line with best practice procedures.
- The home had recently moved from one pharmacy provider to another and was in the interim period. Some medicine administration records (MARs) were handwritten and did not contain all the information required to ensure safe administration. There was a lack of detail on the basic medicine administration principles, including information to support the right medicine was administered to the right person.

Pictures were missing from MARs and on the second day of the inspection many MARs did not include the room number of the person in receipt of medicine.

- The controlled drug (CD) book showed large amounts of CDs in stock which were not. The registered manager was not aware the CD book required to be updated when medicines were disposed of. Controlled drugs are subject to high regulations as defined by the controlled drugs act. Controlled drugs are those most dangerous, including those that are most addictive.
- We also saw poor administration of medicines including CDs being dispensed two floors from where they were to be administered; MARs being signed as administered before being offered to the person and hands not being washed in between the administration of medicines to different people.
- Bottles and creams were not always dated at point of opening and a medicine provided by a family member was being dispensed without a homely remedies policy or procedure.
- We made a referral to the medicines optimisation team to support the home in safer medicine management.

We found no evidence that people had been harmed however, When medicines are not managed safely there is a risk people may receive the wrong medication, a risk they be administered inappropriately and not safely. This is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act (regulated activities) Regulations 2014. See my comment on phrasing breaches

Preventing and controlling infection

- At the start of the inspection we found basic guidance for managing the spread of infection and specifically guidance to reduce risks associated with managing the pandemic were not implemented. We were told by the registered manager that they believed guidance had been reduced. This was not the case and by the last day of the inspection procedures were being adhered to.
- We were told by the registered manager that visiting was not allowed in the main body of the home. At the time of the inspection all providers should have been allowing visitors to the home in a safe and managed way. We were assured that this would happen moving forward.
- Whilst there was not an outbreak at the time of the inspection, we were not assured that the provider was meeting shielding and social distancing rules. There were no procedures in place for social distancing either for the staff team or people living in the home.
- We were not assured that the provider was admitting people safely to the service. Two people had recently been admitted to the home and no steps were followed to ensure they were safe, including ensuring they had not been in contact with anyone who had COVID-19.
- We were not assured that the provider had been accessing testing for people using the service and staff. There was no evidence of testing beyond September 2021. We were assured this was due to begin again.
- Once the registered manager was made aware that guidance was still in place that was required to be followed, we were assured that the provider was making sure infection outbreaks could be effectively prevented or managed and that the provider's infection prevention and control policy was up to date.
- By the end of the inspection we were assured that the provider was using PPE effectively and safely and we were assured the provider was to start facilitating visits for people living in the home in accordance with the current guidance.
- We made a referral to the infection prevention and control team to support the provider and registered manager to take appropriate action, which they had begun to complete prior to the end of inspection. We recommend the provider ensures they continue to review changing infection prevention and control guidance and implements and embeds changes as required.

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

- Care plans considered the Mental Capacity Act, but when they identified the person lacked capacity procedures were not followed to complete appropriate assessments and determine decisions were made in the person's best interest.
- The home had CCTV in all communal areas but procedures for the use of surveillance had not been followed. This included gaining the consent from individuals in the home. People's capacity to consent to the decision had not been assessed and the use of the CCTV in a person's best interest had not been considered.
- One person who was a tablet-controlled diabetic was offered and was eating a diet which could put them at risk. We were told it was the person's choice but there was not any documentation to support this. The person's care file information identified them as not having capacity and having an impairment of their mind.
- The registered manager and the provider did not follow guidance in relation to DoLS. We were told different information about people's capacity throughout the inspection. We were told people had capacity when they had a DoLS authorisation in place and people who did not have capacity when applications had not been made.
- DoLS applications were made prior to an assessment of the person's capacity to understand decisions upon which the DoLS applications were made. Applications contained very little information and did not always support the suitability of the application.
- There were no consent records available to show people had consented to the provider managing their medicines, agreed to their care plan or to the use of photography.

We found no evidence that people had been harmed however, when people are not given opportunity to

consent to their care and treatment or are unable to consent to their care and treatment due to a lack of capacity, discussions about gaining consent must be held in line with the Mental Capacity Act. When this does not happen, it is a breach of Regulation 11 (need for consent) of the Health and Social Care Act (regulated activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We reviewed the training records for staff and saw staff had not received the required training. The provider had recently moved training providers and the training records showed that nearly 50% of the staff team had only recently begun working at the home. The most recent training records showed only two staff had completed medicines management training in the last 12 months. Other concerns were noted around moving and handling training and first aid. Staff told us they had not completed all the required training and were not confident in some moving and handling.
- We looked at induction and supervision records and saw two of the three induction records we reviewed were not completed. New staff told us they had not received any supervision since being in post. The registered manager told us that new staff were not trained until they had been employed for two to three months. Staff were not given a supervised probationary period to ensure they were suitable for the role.
- The provider had not adequately supported staff with, induction, training and supervision to ensure they had the relevant knowledge and skills to care for people. There was not a consistent number of staff on the rota for each day shift. Numbers varied from two carers without a manager, cook or cleaner to three carers, a cook, a cleaner and registered manager on shift. When we asked the registered manager how the hours of available staff were calculated, we were told staffing levels were based on people's needs but there was not any available information to support this.
- The lack of staff meant that care was delivered in a task focused way. We were told the same three people got up at the same time every day. This did not allow other people the choice of whether they wanted to get up as there was only enough staff to support those three people. There was not any evidence in their care files to say they wanted to get up the same time each day.
- At the start of the inspection there was one member of staff awake at night and one member of staff asleep. During the inspection this changed to two waking staff as concerns were identified. However, there was regular night shifts where there was not a staff member trained in medicines management or administration. This left people at risk of not receiving medicines, when required.

We found no evidence that people had been harmed however, staff did not receive suitable support, training and supervision to complete the role for which they were recruited. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff told us they worked together well as part of a team, but it had been difficult recently. Staff covered additional shifts where they could.

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

- Systems in place to support people with their nutrition and hydration were not effective.
- We were told there was nobody in the home with a special diet or who needed support with eating or anyone at risk of malnutrition or dehydration. We were told food and drink choices were in the kitchen. When we reviewed the available records and spoke with the chef, we found this was not the case.
- We saw from a pre-admission assessment that one person had lost seven stone in the six months prior to admission to the home. There was not a care plan or risk assessment developed to support this person. When we asked the registered manager about this, we were told they had moved into the home four days earlier and the plans were yet to be developed.
- We saw from one person's records that they were a diabetic, but no dietary requirements care plan or risk

assessment had been developed. When we asked the registered manager about this, we were told the person had capacity and chooses what they eat. The chef was not aware of anybody with diabetes living in the home.

- We spoke with the chef and asked them if there was available information to support them on people's likes and dislikes and were told no.
- We saw from people's daily records that entries for mealtimes were completed as a group event and not person centred. Each person's record said exactly the same thing. Entries included; warm meal eaten either (then listed the two choices of the meal sitting). The records could not be used to identify if anyone was at risk of malnutrition as they did not record individual information around diet and hydration.

We recommend the provider ensure that care plans, risk assessments and daily records for nutrition and hydration are completed accurately and specific to the person whose record it is. This will allow the recorded information to be used to support the person if they become at risk.

- We saw people enjoyed eating the food prepared in a dining room which was well presented to meet their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When people moved into the home, a care plan and associated risk assessments were not developed to show staff how to support them.
- When we requested risk assessments for two people, they were completed but not in a way that showed a current view of their needs and associated risks. This included risks with mobility and personal care.
- Due to the COVID-19 pandemic, when new admissions arrived steps should be taken to ensure they were safe to be so. We found this had not happened for the last two admissions to the home prior to the inspection.

We recommend care plans and risk assessments are completed in line with current government guidance during the pandemic and general assessments are completed in a timelier way to give staff the information they need to safely support people.

- Staff worked with other agencies to provide consistent care. We received some positive feedback from the mental health team around the work undertaken by the staff at the home to meet people's needs.
- We saw people were referred to professionals when additional support was needed to support them with their physical and mental health.

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

- We saw surveys were completed with people to determine activities and events nights. These included a cruise night and an American night.
- We saw some equipment was used within the home to orientate people to the date and time. A photo book of menu options was also available.

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.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's privacy dignity and confidentiality. When speaking between themselves, staff did not always consider the confidentiality of the information they were discussing.
- Handover took place in the reception area and staff openly discussed each person in the home and how they had been in the last 12 hours. This included if there had been any concerns or issues. This conversation could be overheard by anyone in the reception area or walking through the reception area. We discussed this with the registered manager who assured us the handover would take place somewhere more private.
- We heard staff request information and actions for people across the lounge area where other people were seated. This could cause embarrassment for people especially when actions included bed changes following incontinence.
- Privacy and dignity training was not available on the previously used training system or on the system the provider had recently begun to use.

We recommend staff are trained in, recognise and respect people's right to privacy.

- We saw staff and people in the home engaging in banter and laughter. This showed us staff knew people well as topics of fun were specific to the individual including football and world destinations.
- Staff knocked on people's doors before entering and in general interactions were thoughtful and considered.

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

- Staff sought people's views on some aspects of their care experiences. We did not see any evidence of involvement in the care plans and records we reviewed. However, we did see evidence of staff gathering the views of people on the food supplied in the home and the quality of the care they received.
- People were supported to develop relationships and we saw a friendship between two ladies who told us they enjoyed living in the home. One told us, "I like it here, I like the food and feel safe."

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

- Staff knew people well and understood how to engage with them.
- Some people in the home were living with dementia. We saw one staff member put one person at ease when they were anxious, ensuring them they were safe and in the presence of friends.
- We spoke with people in the home about the care they received and were told their needs were met and staff were kind. One person told us, "The staff are great, they do everything they can to make my life easier."

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 Inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People were not involved in developing, reviewing and implementing a person centred plan of individualised care.
 - Plans of care were not completed in a timely way. One person had lived in the home for over 6 weeks but did not have a care plan in place. Another had been in the home for nearly a week and no information was written to show staff any details of the support they needed.
 - Over the course of the inspection people moved around the home changing rooms. We saw that records on the system were not changed to reflect the rooms where people were accommodated in a timely way. We looked to see that care records for two other people were incomplete even though they had lived in the home for some time.
 - Information was not available at the start of the inspection to show people's preferences. Over the course of the inspection eight one-page profiles were developed but there were 15 people living in the home. The one-page profiles focused on descriptions of people's preferences and high-level support required rather than details specific to the individual. For example, they all said people needed support with "administering my medication."
 - We saw information in daily records was written as a group activity rather than an individual person's record. For example, mealtimes were written across all records with the same information. This could include, 'ate a hot meal of one of two choices.' This was the same for checks on people through the night, which showed everyone was checked at 2am, 4am and 6am. We could not be assured from the records reviewed that people received personalised care.
- We found no evidence that people had been harmed however, Information was not available in the care plans to identify support to be delivered in a person-centred way to meet the individual needs and preferences of each individual. This is a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act (Regulated activities) Regulations 2014

- The registered manager told us they were moving from one electronic care planning system to another. The new system would not allow group entries to be recorded in the way described above.

Improving care quality in response to complaints or concerns

- There was not any records of concerns or complaints received in the last 12 months. We were told by the registered manager there had not been any complaints.
- We spoke with two people as part of the inspection who told us they had raised previous complaints. We could not therefore be fully assured the complaints process was fully effective.

We recommend the provider ensures steps are taken to ensure records are kept of all concerns and complaints raised to allow the registered manager opportunity to develop actions to address them and share learning to reduce risks of similar issues arising again.

End of life care and support

- People were not adequately supported to discuss and plan for their end of life support.
- In the nine care plans we looked at that there was no information around end of life wishes or advanced care planning.
- We discussed end of life care planning with the registered manager when giving feedback and were told people do not want to talk about it. When we gave final feedback, we were told that there was some information in the care plans. We asked for this to be sent to us, but we did not receive any supporting documentation.

We recommend records are kept of conversations around end of life wishes and preferences and people are given the opportunity to develop advanced care plans, to be put in place at the end of their life.

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.

- During the COVID-19 pandemic visiting had been restricted, to ensure people remained in contact with families and friends the home had begun to use technology more to encourage family ties.
- The one-page profile included information on how people liked to communicate with others.

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

- The provider had taken steps to allow social interactions to continue as soon as possible during the pandemic.
- A visiting area had been made available for people to receive guests safely after appropriate testing and screening steps had been taken. This prevented ongoing separation from the people important to them.
- A large screen had been purchased which included interactive games and singalongs used in activities with people.
- People living in the home were mostly able to express their views and wishes and one person had contact with a person of the faith they followed. This enabled them to continue to worship as they wanted.

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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst the provider had a comprehensive suite of quality audits these were not used effectively to identify concerns and address any shortfalls.
- We saw audits that routinely stated there were no issues and identified everything was in place as required. This included regular audits of care plans and daily records that showed risk assessments were in place, had been reviewed and were accurate of the person's needs. This was not the case. We saw that care plans were not updated following incidents and risk assessments were not in place to mitigate any emerging risks to people.
- We attended handover on one day of the inspection and heard information handed over to the next staff team which contradicted what we had seen and was recorded in daily records. This included when people had received medicines and support with their personal care.
- Competency checks on staff performance when administering medicines were completed and reviewed. These were not robust and sections of the checks which were not relevant were completed as if in place. We saw that the documentation was completed once and then reviewed at intervals. The review was a note to the front cover stating "reviewed" with a date. This did not evidence an effective review of competence. We observed a medicine round completed by a staff member who had their competency tested in the three months prior to the inspection and found simple errors in the administration of medicines were made.
- Due to lack of staff the registered manager had been frequently on the rota to cover shifts of care delivery. This had led to an absence of consistent management in the day to day running at the home. Not all staff had received the required training and consistent guidance was not available due to the absence of the manager day to day.
- Staff told us there were not enough staff and we saw that care was delivered in a task focused way. Staff had a desire to deliver more quality care and spend more quality time with people in the home.

We found no evidence that people had been harmed however, there was not an effective system of oversight at the home and no way to measure improvement on the records held. Records were not a contemporaneous record of events that took place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act (regulated activities) Regulations 2014.

- On the first day of the inspection we discussed with the registered manager, them covering the rota and were told agency staff would be considered. This had not been put in place by the time of delivering

feedback. During feedback we were told by the registered manager that they would be onsite Monday to Friday to undertake the management role and agency staff would be used to cover the rota if other permanent staff could not do so.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be and honest with people when something goes wrong

- Notifications to the Commission required as part of the provider's registration had not been received.
- The provider is required to submit notifications to the Commission of certain events, including allegations of abuse, incidents reported to the police and incidents of serious injury. We had not received any notifications from the provider since August 2021.
- We were aware of incidents that should have been reported to the care quality commission that had not been.

Notifications were not sent as required, this was a potential breach of regulation 18 of the Health and Social Care Act (registrations) regulations 2014 and will be looked at separately to this inspection

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw positive feedback had been received from family members throughout the COVID-19 pandemic thanking staff for caring for their family members.
- Following the inspection, the provider and registered manager received support from a number of partner agencies. Feedback we received showed a willingness to understand the concerns and drive improvement

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 Information was not available in the care plans to identify support to be delivered in a person-centred way to meet the individual needs and preferences of each individual. Regulation 9 (1) (2) (3) a, b
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent When people are not given opportunity to consent to their care and treatment or are unable to consent to their care and treatment due to a lack of capacity, discussions about acquiring consent must be held in line with the mental capacity act. Regulation 11
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have effective systems and procedures in place to ensure people were protected from the risk of abuse Regulation 13 (1) (2) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and

personal care

proper persons employed

When information required as part of schedule 3 requirements is not available in recruitment records, we cannot be assured staff have been safely and appropriately recruited.

Regulation 19 (1) a,b,c (3) a

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive suitable support, training and supervision to complete the role for which they were recruited.

Regulation 18 (1) (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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>When medicines are not managed safely there is a risk people may receive the wrong medication, a risk they be administered inappropriately and not safely, Staff on shift did not have the competence, skills and knowledge to safely deliver the support required to people in the home. Appropriate steps were not taken to identify and mitigate risks to people.</p> <p>Regulation 12 (1) (2) a, b, c, g</p>

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was not an effective system of oversight at the home and no way to measure improvement on the records held. Records were not a contemporaneous record of events that took place.</p> <p>Regulation 17 (1) (2) a,b,c,f</p>

The enforcement action we took:

warning notice