Camelot Care Homes Limited

Camelot Care Homes Ltd

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?	**Inadequate**

Summary of findings

Overall summary

About the service
Camelot Care Homes Ltd provides accommodation and nursing care for 57 older people in two adapted buildings. People have their own rooms and share communal areas such as lounges, dining rooms and bathrooms. Outdoor space is an enclosed courtyard area. At the time of our inspection there were 40 people living at the service.

People's experience of using this service and what we found
Since our last inspection improvements had been made in some areas and the service is no longer rated inadequate overall. However, further improvement was required. For example, risks had not been identified regarding distressed behaviours people experienced. There were no care plans to ensure people were supported safely and consistently at these times.

Daily records did not always show what support people were given. this included food and fluids intake, re-positioning and when people were experiencing distress.

Quality auditing systems remained an area for development and were not always used effectively to identify errors, shortfalls and drive improvement. Governance systems in place had not identified concerns found during this inspection. Some CQC notifications had not been sent without delay.

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 policies and systems in the service did not always support this practice.

Improvements had been made to the way people were treated. Interactions observed were kind, respectful and attentive.

Improvements had been made to the management of complaints. People and their relatives told us they knew how to raise concerns and felt comfortable to do so.

Improvements had been made with staff offering people choices, and their rights to privacy and dignity were maintained. People and their relatives were complimentary about the staff.

Equipment had been checked or serviced to ensure it was safe and contractors were being sought to undertake work identified in the updated fire risk assessment.

Improvements had been made to infection prevention and control measures and the overall cleanliness within the home.

There were enough staff to support the number of people currently living at the home. The registered

manager told us more staff would be recruited as occupancy further increased. Staff told us they were well supported and received a range of training.

People's needs were assessed prior to them being offered a placement at the home.

The environment had been improved, with no malodours. Some areas had been redecorated and some carpets had been replaced.

People looked well cared for and they, and their relatives, were happy with the care provided. Social activities were arranged, and people were encouraged to have visitors at any time.

People, their relatives and staff were encouraged to give their views about the service. They said the registered manager listened and was happy to implement any ideas suggested.

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 inspection for this service was in November 2022. It was a targeted inspection to follow up on a warning notice for good governance, but not rated. The last rating for this service was inadequate (published 05 September 2022) and there were breaches of regulations. 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 improvements had been made but the provider remained in breach of regulations.

This service has been in Special Measures since 02 August 2022 and remains in special measures.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camelot Care Homes Ltd on our website at www.cqc.org.uk.

Enforcement and recommendations
We have identified breaches in relation to safe care and treatment, safeguarding people from the risk of abuse, person-centred care and good governance. We have made one recommendation about recording for Deprivation of Liberty Safeguards (DoLS) recording.

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 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 well-led. Details are in our well-led findings below.	**Inadequate**

Camelot Care Homes Ltd

Detailed findings

Background to this inspection

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

Inspection team
This inspection was undertaken by three inspectors and an assistant inspector.

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

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 judgements in this report. We used all of this information to plan our inspection

During the inspection
During the inspection, we spoke to 7 people, 3 relatives and 13 members of staff including two directors, the registered manager, nursing and care staff, catering and housekeeping staff, activities and maintenance staff and the administrator. We gained feedback from one visiting professional. We reviewed 12 care plans and 11 medicine administration records. We undertook a visual inspection of the premises and considered documentation related to the management of the home. This included accidents and incidents, staff recruitment and training, complaints and quality auditing.

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.

Requires Improvement

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 comprehensive inspection, we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last comprehensive inspection, we found 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; Learning lessons when things go wrong

- Improvements had been made to people's safety, but some risks had not been identified.
- Some people displayed distressed behaviour, but there was no written risk assessment or guidance for staff to minimise or de-escalate any distress. This increased the risk of harm to the person and to other people in the service. An assessment of one of these people identified they should be cared for by staff of a particular gender, due to risk. This did not always take place during the inspection.
- Records showed, and staff told us one person regularly walked into other people's rooms. Risks associated with this had not been identified or assessed. Staff told us various ways they supported the person to leave a room, but there was not a care plan in place to ensure consistency.
- One person was eating sandwiches for their evening meal, but they were assessed as needing pureed food to minimise the risk of them choking. The texture of sandwiches did not constitute a pureed diet and placed the person at increased risk of choking. Whilst the person's care plan confirmed the need for them to have pureed food, a staff member told us they only had this at lunch time. This was not accurate and did not ensure safety.
- People were at risk from environmental hazards. For example, the cupboard which housed hazardous cleaning substances was at times left unlocked during the inspection. Staff told us the lock did not always work, but the substances had not been moved to a safe place whilst it could be repaired. The laundry room had not been fitted with a lock, which meant it could be accessed by people in the garden. During the inspection, the laundry room was left unattended with access to a hot industrial iron, an uncovered radiator and hot water.
- There was also an exceptionally long roller blind chord in the corridor, which posed a risk of strangulation. These environmental risks to people's safety had not been identified.

Failing to robustly assess the risks relating to the health safety and welfare of people, placed people at risk of harm. This was a continued breach of regulation 12 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In response to our feedback about the laundry room, the registered manager had a lock fitted to minimise the risk of people going into the room and sustaining harm.
● The hot water was of a safe temperature and checks and servicing of equipment had taken place. This included testing of the small portable appliances and servicing of the hoists and passenger lift. This ensured the equipment was safe to use.
● A contractor had completed a new fire risk assessment. Some points raised had been actioned and quotations had been sought for larger fire safety works. A date for implementation, which would include a phased plan of the works, was being implemented.
● Staff had undertaken fire safety training and the fire procedure had been reviewed to enable safe evacuation.
● Risks to people's safety such as malnutrition, falling and the use of bed-rails had been identified and assessed. Information showed the measures in place to minimise the risks identified.

At our last comprehensive inspection, the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 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.

Using medicines safely
● Improvements had been made to the management of people's medicines, but some shortfalls remained.
● Staff had changed the dosage of one person's insulin on the medicine administration record, without the prescriber's written authorisation. This was against the provider's policy and there was a risk the change was documented incorrectly, which increased the risk of error.
● Medicines related allergies continued not always to be accurately recorded on the MARs. This did not ensure the risk of a negative reaction was mitigated.
● Handwritten changes were not always checked and signed by second staff member. This did not ensure the changes were documented accurately, which increased the risk of error.
● Care plans were not always in place or person-centred. For example, there was no specific care plans for people with diabetes or people who experienced seizures. This did meant staff did not have access to information about how they should monitor or support each person. For example, the medicines care plan stated care staff should inform a nurse if a person experienced a seizure, but there was no information on what the nursing staff should do or when they should call for an ambulance. This did not meet the guidance issued by National Institute for Health and Care Excellence and put people at risk of harm.

Failing to ensure the proper and safe management of medicines increased the risk of harm. This was a continued breach of regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were stored securely and at appropriate temperatures.
● There was sufficient stock of prescribed medicines. Following the last inspection, staff were documenting the opening date of liquid medicines and eye drops.
● Some people were prescribed medicines to be given on a 'when-required' basis. Information was available in peoples' care plans or there were protocols in place to give these medicines consistently as prescribed.
● A clinical pharmacist from the local GP practice carried out medicines reviews for people.
● There was a process in place to receive and act on medicines alerts, and to report and investigate any medicine errors.

At our last comprehensive inspection, the provider had failed to have systems in place to make sure people were protected from abuse and improper treatment. This was a breach of regulation 13 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 13.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to help protect people from abuse, but these were not always effective.
● One person, who required support with their personal care, had sustained multiple bruises to their arms, but staff were not aware of them. There was no record of the bruises within the person's care records and an incident report had not been completed. This meant an investigation had not been undertaken, which did not protect the person from the risk of harm or potential abuse.

Failing to have systems in place to make sure people were protected from abuse and improper treatment placed them at risk of harm. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they felt safe and were relaxed and settled in their environment and with staff. However, one person told us, "It's not that they're rough, but some of them are rushed." Relatives had no concerns about safety. One relative told us, "I've got no worries at all. I can walk away knowing [person] is safe."
● Safeguarding training formed part of the provider's mandatory training plan and all staff had completed this.
● Staff told us they would report any concerns about a person's well-being. They said if the concerns were not taken seriously, they would go higher or to outside agencies such as the local authority safeguarding team or CQC.

At our last comprehensive inspection, the provider had failed to have systems in place to make sure people were protected from the risk of infection from their environment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (1)(2) in relation to infection prevention.

Preventing and controlling infection
● Improvements had been made to cleanliness within the home.
● People's bedrooms and communal areas looked clean and smelt fresh.
● New flooring had been fitted to people's bedrooms, to enable easier cleaning. Housekeeping staff were cleaning throughout the inspection.
● Staff washed their hands regularly, and wore personal protective clothing as required. Staff assisted people to wipe their hands before their meal.
● Infection prevention and control formed part of the provider's mandatory training plan and all staff had completed this.
● People's relatives and friends were encouraged to visit the home in line with up to date government guidance regarding Covid-19.

Staffing and recruitment
● There were enough staff to support people's needs.

● The registered manager told us staffing numbers would be increased in line with more people being admitted to the home.
● There was a staff presence, and staff could easily be found if needed. However, one person who was living with dementia and often went into other people's rooms, was at the end of a corridor struggling with their clothing. Staff were not aware of this person's whereabouts.
● Call bells were answered without delay although staff did not respond to one call bell. It was found the call bell had come away from the wall so was not being activated. This was rectified once raised with staff and the registered manager.
● New staff had been recruited, which meant the home was fully staffed. No agency staff were being used. This enabled a stable team, which helped competence, consistency of care, and overall staff morale.
● Checks were undertaken before a new member of staff was offered a position at the home. This included checks on staff member's performance, their right to work in the UK and with vulnerable adults. The registered manager had not however identified the reasons why prospective staff had left previous roles of working with vulnerable adults or children. They told us they did not realise this was required but would do so in the future.

Requires Improvement

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.

At the last comprehensive inspection, the provider had failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11, however, further improvement was needed to embed changes.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff asked people's consent before undertaking care interventions. This included whether people wanted assistance to wipe their hands before their meal or wear a clothes protector. Staff respected and followed people's wishes.
- Some Information within different sections of people's care records gave conflicting information about capacity.
- Some people had DoLS in place with identified conditions, but records did not always demonstrate these were being met. For example, one person was to be encouraged to spend time in the lounge and be regularly reviewed at the Memory Clinic. There was no evidence within the person's records of this taking place.

We recommend the provider reviews systems in place for recording how conditions in DoLS are being met.

At our last comprehensive inspection, the provider had failed to ensure accurate monitoring records of

malnutrition or hydration, which placed people at risk of harm. This was a breach of regulation 17 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 17.

Supporting people to eat and drink enough to maintain a balanced diet
● Improvements had been made to the monitoring of people's food and fluid intake, but further work was required.
● Whilst staff documented people's food intake, some entries lacked detail. For example, one record showed how much the person had eaten, but not what the food consisted of. This did not enable the person's intake to be analysed in terms of weight loss or malnutrition.
● Staff were generally documenting the desserts people had as part of their meal, on the snacks section of the monitoring records. There was limited information about the snacks people had between meals. This did not evidence additional calories people were offered to promote weight gain.
● The registered manager told us the registered nurses reviewed people's fluid intake at the middle of the day. This enabled fluid intake to be increased if minimal amounts had been taken during the morning. However, there was no evidence within people's records that this monitoring was taking place.

Not maintaining accurate monitoring records of malnutrition or hydration, placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were supported to have regular drinks, and the amounts they drank were documented in their care records.
● People's weight was monitored, and any concerns were raised with the GP. Referrals to a dietician were made as required.
● People enjoyed their lunch, and there was little waste. People and relatives told us the food was good. They said there was a choice, and further alternatives were offered if they did not like what was on the main menu. One person told us the chef knew and respected their food preferences. This included not having onion in certain things.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before a placement at the home was offered.
● Relatives told us they had met the registered manager with their family member, when thinking about using the service. One relative told us, "[The registered manager] came to see us. They were very thorough and asked us lots of questions even what [person] liked to do and their previous occupation. They really wanted to find out about them as a person."
● Nationally recognised tools were used to regularly assess and review people's risk of malnutrition and pressure ulceration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access a range of services to meet their healthcare needs.
● A GP confirmed they routinely visited the home weekly, and more often if required. This ensured people were regularly reviewed and any concerns were quickly addressed.
● People had the opportunity of seeing a visiting optician if they wanted to.
● The registered manager told us they had arranged for people to attend a dentist in the town. They said

they were still trying to find a dentist who would visit those people who were unable to leave the home.

Staff support: induction, training, skills and experience
● Staff received a range of training and were well supported.
● There was a training plan that was deemed mandatory by the provider. This covered topics such as person-centred care, nutrition and hydration, health and safety and food hygiene.
● Staff told us the training they received was good. One staff member said, "They've helped me develop my skills, as well as my knowledge." Another staff member told us, "The training here is good, very good. They let us know when we need refresher training so it's ongoing."
● The registered manager told us they met with staff individually to discuss their performance and provide support. They said there were also group discussions to share learning. Records showed shortfalls identified at the last comprehensive inspection, such as food and fluid monitoring, had been discussed in the groups.
● People and relatives told us they believed staff were well trained, and this equipped them to do their job effectively. One person told us, "I would say they know what they're doing. They get taught well I think."
● Staff told us they felt well supported. They said they could ask the registered manager or request more training, if they were unsure about anything.

Adapting service, design, decoration to meet people's needs
● Improvements had been made to the environment.
● Following the last comprehensive inspection, adjustments had been made to the heating in one of the communal areas. This ensured the room was a comfortable temperature for people to use.
● Corridors and some communal areas had been redecorated. This had made them brighter and fresher, although some skirting boards continued to have chipped paintwork.
● Stained carpets in people's bedrooms had been removed, and new flooring had been installed. New flooring had also been installed on some staircases.
● The handrail on the stairs had been replaced, which enabled people to use the stairs safely.
● People's bedrooms were personalised to varying degrees, but there remained limited signage or points of reference in the corridors. This did not help people find their way around the home more easily.

Good

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 requires improvement. At this inspection the rating for this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last comprehensive inspection, the provider had failed to ensure interactions were respectful, choice was offered, and privacy was respected. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity
- Improvements had been made to the way people were treated.
- Interactions observed were kind, respectful and attentive. This included one staff member who complimented a person on their painted nails and then explained they could not paint theirs because of infection control.
- We did observe 2 members of staff interacting with people which demonstrated they may need further training. We shared this with the registered manager and provider during the inspection.
- Staff had completed equality and diversity training.
- Another staff member told us about their interests and how they liked to involve people in these. They said it was important to spend time talking to people and to find 'common ground' to help build relationships.
- One relative told us since the last CQC inspection, the attitude and practice of staff had changed. They said staff used to be quiet when supporting people in their rooms, but now they always heard chatter. The relative said this was lovely to hear.
- People and their relatives were complimentary about the staff. One person told us, "They are very nice." A relative said, "They all go above and beyond. They're really friendly, caring, helpful and know about people. They can always answer any questions."

Supporting people to express their views and be involved in making decisions about their care
- Improvements had been made with staff offering people choices.
- At this inspection, staff asked people what they wanted to do, where they wanted to sit and what they wanted to eat and drink. Staff gave people time and waited for their answer.
- People were shown desserts after the first course of their lunch, so they could make a visual choice of what they wanted.
- One person had one to one staff support. They were folding napkins but then wanted to do a jigsaw. The person then alternated between the two, which the staff member supported.

● Staff told us they encouraged people to make decisions based on their ability to do so. This included what they wanted to wear. They said they helped people decide by showing them different clothes.
● People were assisted to get up at different times during the inspection, but their preferences for getting up and for going to bed were not detailed in their care plans.

Respecting and promoting people's privacy, dignity and independence
● Improvements had been made to people's privacy, dignity and independence.
● Signs in people's bedrooms, including bed rail safety and management of their laundry, had been removed. This made the environment more homely for people.
● Records showed staff had undertaken privacy and dignity training.
● Language used when writing in people's daily records had improved and was less subjective.
● Staff used a wheeled screen to ensure privacy, when people were being assisted to use the hoist in the lounge.
● Staff spoke quietly and discreetly when talking to people about any support they required, and when speaking to each other.
● One member staff told us about the 'hand over hand' technique they had learnt, when assisting a person to eat. They said this helped promote independence and the person's overall well-being.

Requires Improvement

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 were not always met.

At our last comprehensive inspection, the provider had failed to have effective care planning in place which did not ensure people received care that met their needs or preferences. This was a breach of regulation 9(1)(2)(3) 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.

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

- Focus had been given to care planning, but personalised care which met people's needs was not always identified.
- For example, one person became frustrated when staff were trying to direct them to the toilet. They were shouting, becoming more agitated and declining staff support, but this was not documented in the person's care records. This showed staff did not recognise the behaviour as an incident. There was also no guidance for staff to help support the person in these situations.
- A record showed a person had asked staff for their breakfast, forgetting they had already eaten. A staff member told them this, which triggered an incident of challenging behaviour. In response, staff administered 'as required' medicine and the GP was contacted, with further medicine prescribed. This sequence of events including additional medication, may have been prevented if the staff member had used alternative strategies. This did not show the staff member had a clear understanding of the person's needs.
- One person had a wound which they sustained whilst falling. There was no information about the wound in the person's records or a treatment plan in place. This did not ensure the person received the required support. The registered nurse told us the wound was healing well, and a dressing had not been applied as the person kept removing it. This was not documented in their care records.
- Daily records showed one person started to hallucinate and become agitated. They were given 'as required' medicines, which helped them to calm down. However, there was no information within the person's care plan about the hallucinations or what support they needed at these times. This did not ensure the person was effectively supported.
- Daily records showed one person had experienced regular episodes of prolonged anxiety and distress. On each occasion, there was no information recorded about what staff did to support the person. Strategies to support the person in the most effective manner were not detailed in their care plan.

Failing to have effective care planning in place did not ensure people received care that met their needs or preferences. This was a breach of regulation 9(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People had clean hair, nails and clothing although one person has dirty slippers with a strong odour. One member of staff told us they had cut people's fingernails the day before the inspection.
● Staff identified one person was not eating their lunch. They sat with the person and supported them to do so, in a quiet and pleasant manner.
● People and their relatives were happy with the care provided. One person told us, "[Staff] help me with what I need. They are very helpful and make sure I'm comfortable." A relative said, "I can't fault them. My [family member] has definitely improved since being here. The staff have got to know [person] well. They're [staff] definitely doing something right, as they are so much better."

At the last comprehensive inspection, we recommended that the provider improved their documentation to evidence compliance with their complaint procedure.

Improving care quality in response to complaints or concerns
● Improvements had been made to the management of complaints.
● Documentation regarding complaints which had been received, was more organised, and demonstrated the action taken to ensure a resolution.
● People and their relatives told us they would readily speak to the registered manager if they were not happy with any aspect of the service. One relative said, "I always keep an eye on things. If it's not right, I say. It's as simple as that. They do listen and will put things right. The registered manager is keen to know if there are things that are wrong. They'll often ask me how my visit to [person] has gone."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● The service met the Accessible Information Standard.
● People's communication needs were documented in their care plan.
● Staff used different ways to help people communicate. This included a white board, which was in place to enable the person to communicate through writing.
● Communication formed part of the provider's training plan for staff.

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
● Social activities were arranged for people to join in with when they wanted to.
● There were three staff dedicated to activity provision. One activity organiser told us activities continued to be arranged in accordance with people's preferences on the day, rather than a formal programme.
● During the inspection, there were skittles, baking, a musical quiz and a musical entertainer. A staff member told us they also spent time individually with people in their rooms. This included reading to a person. People appeared to enjoy the activities they took part in.
● Staff told us trips out in the better weather were being planned. This included having fish and chips on a seafront and a meal at a local pub.
● People were encouraged to have visitors at any time. Relatives confirmed this and said they could stay as long as they wanted to. They said they were always made to feel welcome and offered refreshments, if staff were available to do this. One relative told us they were able to help with their family member's care if they wanted to.

End of life care and support

● The service was able to provide care to people at the end of their lives as needed.

● Care plans showed people's wishes regarding resuscitation or hospital admissions at the end of their life. However, the information did not detail people's preferences about their care whilst their health deteriorated.

● The section in people's care plans regarding culture or religion had not been filled in. This did not ensure people's needs and wishes, particularly at the very end of their life, would be fulfilled.

● A member of staff told us the staff team always worked closely with the GP when end of life care was identified. This included having anticipatory medicines in place, to immediately minimise any pain and agitation a person showed.

Inadequate

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 inadequate. At this inspection the rating has remained inadequate. 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.

At the last comprehensive inspection, the provider had failed to have systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This placed them at risk of harm and was a breach of regulation 17(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 17.

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

- At the last comprehensive inspection, a warning notice was issued to ensure the provider improved and met the requirements of regulations. We undertook a further inspection in September 2022 to check compliance with the warning notice, but it had not been met in full. At this inspection, further improvement, had been made. However, there remained shortfalls.
- For example, locks on doors had been fitted to some areas where CQC had identified risk such as the kitchenettes. Other risk areas, such as the unsecured laundry room had not been identified.
- The registered manager told us they had reviewed each person's care plan with the registered nurses to ensure they were up to date and contained the required information. However, some care plans still lacked detail and it had not been identified there was no guidance to help staff manage any distressed behaviours people experienced.
- The provider and registered manager had failed to identify shortfalls in recording and did not have robust oversight of accidents and incidents.
- Provider and registered manager checks had not been used effectively to identify people's daily records were not always accurate. This included records showing a person had been involved with five activities at once which was not possible. Another record showed the person was awake and staff had applied a topical cream to their skin, yet they were in the lounge asleep. The provider and registered manager had also not identified that records showed a person had not received support during prolonged periods of agitation.
- Clinical audits including falls, nutrition and skin integrity had been completed each month, but no issues been identified. The audits had not identified people had not always re-positioned in line with their skin integrity care plans.
- Audits had not identified wound treatment plans were not always in place or that care plans had not been devised regarding health conditions such as epilepsy. This was despite these shortfalls being identified at

the last inspection.
● Auditing systems had not identified shortfalls in the safe management of people's medicines. This included changes to the dosage of a person's insulin without the prescriber's authorisation, and not ensuring hand-written medicine instructions were accurately documented.
● The registered manager told us they audited the statutory notifications every 6 months. This had caused delays in reporting. The registered manager agreed the audits needed to be completed more often and would do this in the future.

Failing to have systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● A support manager had been employed to carry out regular audits and reviews, and a service improvement plan was in place.
● A comprehensive infection prevention and control audit had taken place, which had identified an extensive range of shortfalls. Action had been taken to address the areas identified.
● Checks of the hot water, call bells, bed rails, door alarms and wheelchairs had been taken.
● Relatives and staff spoke positively of the registered manager. They said the registered manager cared about people and were able to give advice when asked. One relative told us the home had needed the inadequate rating given by CQC as it gave them a, "Kick to improve". They said they were not surprised with any aspect within the report as it was a clear reflection.
● The registered manager told us all new admissions in the future would be taken slowly, with a managed approach to ensure the service was not overwhelmed. They said they did not want the service to, "Fall back to where it was".

At the last comprehensive inspection, the provider had failed to notify CQC of all of the incidents which took place within the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● The provider had improved systems for submitting notifications, however, further improvement was required. Some notifications had been raised, but not without delay. We have reported on this finding under governance systems above.
● We discussed this with the provider during and after inspection. They assured us all notifications would be submitted without delay.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager told us they had worked hard to further improve the overall culture within the service.
● They said the most important thing for all staff to remember, was for everyone to care. They said this was at the centre of everything and included caring for each other, as well as for people living at the service. The registered manager told us these values had been discussed with all staff in one to one, and group meetings.
● Relatives told us there was a nice atmosphere, and staff kept them informed of anything they needed to know. This included their family member being unwell or any appointments they might have.

● Staff told us they enjoyed working at the home. They said there was a good stable team, and everyone worked in the same direction for the benefit of people using the service.
● The registered manager was aware of their responsibility to ensure honesty, transparency and an apology in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People, their relatives and staff were encouraged to give their views about the service.
● Specific comments included, "They do ask you if you are alright and if there's anything they can do to make it better" and, "They ask me to come up with suggestions to improve, as I'm a pair of fresh eyes." A relative told us the registered manager was very open to any suggestions.
● The registered manager told us they always asked staff to provide ideas for developing the service. They said staff often suggested ideas they had not thought of. This included using screens in the lounge to protect people's privacy when being assisted with the hoist.
● The service operated alongside other agencies to meet people's needs. This included local authorities and health and social care services.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care planning did not fully demonstrate people's needs, treatment or preferences. Care records did not demonstrate the care people had received. Regulation 9 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of service users associated with the environment had not been assessed. Action had not been taken to mitigate such risks. Regulation 12(1) (2) (a) (b) Medicines, including time specific medicines and those taken as required, were not being safely managed. Regulation 12(1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not in place or fully effective to safeguard people from abuse or minimise the reoccurrence of an accident or incident. Regulation 13 (1) (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were inadequate systems to improve the quality of the service or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(1) (2) (a) (b)

The enforcement action we took:

We imposed a condition on the providers registration.