

London Residential Healthcare Limited Albany Lodge Nursing Home

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Albany Lodge Nursing Home provides nursing and personal care and support to older people, some of whom are living with dementia. At the time of the inspection, there were 89 people using the service.

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

Risks to people were not always identified, assessed, fully documented, and mitigated to ensure people's safety and well-being. The provider was not working within the principles of the MCA. 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.

People were not always central to the planning and reviewing of their care. Assessments and care plans were not always person centred. The service was not always well managed. Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying and addressing issues and concerns we found at this inspection and for helping to drive service improvements.

There were safeguarding procedures in place and the manager had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work at the home. There were enough staff deployed to meet people's needs. There were procedures in place to reduce the risk of infections. There were effective systems in place for monitoring, investigating, and learning from incidents and accidents. People's medicines were managed safely.

We found 4 breaches of regulation. We have made recommendations about the management of medicines.

People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. The design of the premises was meeting people's needs. People had access to end-of-life care and support when it was required.

The manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. Staff told us they enjoyed working at the home and received good support from the manager and deputy manager.

Rating at last inspection. The last rating for this service was good (published, 13 April 2023).

Why we inspected

The Inspection was prompted in part due to concerns received about the quality and safety of care provided and the management and oversight of the service. A decision was made for us to inspect and examine those risks.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We have identified breaches in relation to safe care and treatment, person centred care, the need for consent and good governance. 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Albany Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team on the first day consisted of 3 inspectors, 1 medicine inspector, 1 specialist adviser (a nurse), and 2 experts-by-experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection 2 inspectors attended the home.

Service and service type

Albany Lodge Nursing Home 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. Albany Lodge Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. A new manager had been in post for one month and had applied to register with the CQC. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also gathered feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 9 relatives about their experience of the care provided. We also spoke with 19 staff, including the chef, activities coordinator, care staff, team leaders, nursing staff, the deputy manager, the manager, and the regional manager. We reviewed a range of records. This included 21 people's care records. The medicines inspector reviewed 14 people's medicines records and some associated care plans. We looked at staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks, audits, policies and procedures. After the inspection we contacted 2 health care professionals to ask for their experience in working with the home.

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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- Risks to people were not always identified, fully documented and mitigated to ensure people's safety and well-being. Risk assessments were not always personalised to ensure staff provided support that was safe and appropriate to meet individual needs and risks. Guidance for staff lacked detail to safely mitigate and manage risks.
- A person who was at risk of poor skin integrity required support from staff to reposition whilst sitting. However, their turning and positioning records on the providers electronic care planning system, recorded that the person had not been supported to reposition 3 hours over the set due time. We observed this to be the case and saw that the person remained in the same position throughout the day. This meant that they may be at greater risk of poor skin integrity. We drew this to the managers attention.
- Another person's turning and positioning records showed staff had failed to help them to reposition whilst being cared for in bed, within the set time frame. We saw that their turning and positioning records were 5.34 hours overdue . We had observed this to be the case throughout the day. We drew this to the managers attention who took prompt actions to ensure the person was re-positioned according to their risk assessment and care plan.
- A third person's Malnutrition Universal Screening Tool (MUST), developed to identify people who were malnourished and at risk of malnutrition, documented that the person had lost weight and required nutritional supplements and monitoring of their nutrition and hydration. However, we saw that their daily intake records had not been completed by staff as required to ensure their well-being. On the 4 December 2023 the persons MUST record was 7 hours overdue with no information recorded for that day. We drew this to the managers attention who advised us that this was a recording issue and that the person had received nutrition and hydration as required.

The provider failed to ensure care and treatment was provided in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff using safe moving and lifting techniques whilst supporting people to move from their beds or chairs using walking aids and hoisting equipment. Staff told how they would support a person at risk of falls including the actions they would take in an emergency.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming fire equipment and the alarm system was regularly tested. Training records confirmed that staff had received training in fire safety.

- On the second day of our inspection the manager told us they had updated 13 people's care plans/records, and they were in the process of reviewing all of them. They told us that nursing staff and clinical leads now complete daily checks on each floor to ensure staff are repositioning people who are nursed in bed minimising the risk of overdue repositioning and poor skin integrity. We will check on this at the next inspection of the service.

Using medicines safely

- People received their medicines safely. People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. Staff had access to information on how each resident liked to take their medicines. One person told us, "Staff give me my medication every day at breakfast, lunch, tea and at night." Another person said, "Staff give me my medication on time every day."
- Medicines administration records (MAR) showed that staff had administered people's medicines as prescribed.
- Medicines were stored safely in locked trolleys. Medicines were stored in locked medicines trolleys within locked clinical treatment rooms. Controlled Drugs (CDs) were stored in CD cupboards that met regulations. CD registers were bound books with accurate entries in chronological order.
- We saw regular audits were completed to ensure people received their medicines on time. Staff were trained and assessed as competent before they were able to administer medicines.

We recommend the provider reviews the management of blood glucose testing kits. The provider should review systems for monitoring the temperatures of medicines storage areas.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe, one person told us, "I like the staff. I feel very safe living here. The staff are excellent." Another person said, "When I call the staff they come. I feel safe here."
- There were safeguarding adults' procedures in place. We also saw safeguarding and whistle blowing information displayed on notice boards advising staff on what to do if they suspected people were being abused or witnessed poor care practice.
- Staff told us they would report their concerns they had to their line manager. The manager told us they would report any safeguarding concerns to the local authority and CQC. One staff member was not sure if they could report safeguarding concerns outside of the provider. On the second day of the inspection the manager told us they had reminded the member of staff about the provider's safeguarding procedure.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. We observed there were enough staff available to meet people's needs. Staff told us there were enough staff to meet people's care and nursing needs. One staff member told us there had been improvements with staff levels since the manager started working at the home. A relative told us, "There is always plenty of staff around when I visit." Another relative commented, "As far as I can tell there are enough staff."
- The manager told us staffing levels were arranged according to the needs of the people using the service. They used a dependency tool to assess people's care needs.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection: Visiting in care homes

- The provider had systems to help prevent and control infection. These included policies and procedures in line with current government guidance.
- We saw the home was well maintained and clean.
- Staff had access personal protective equipment when they needed them. Training records confirmed that staff had completed training on infection control.
- The provider carried out regular infection control audits at the home.
- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons and acted when things went wrong. They used an electronic system for of reporting, recording, and monitoring accidents and incidents. They used the system to analyse information, learn lessons and take appropriate actions.
- For example, we saw falls trends analysis document. This recorded the number of falls people had at the home. Actions included continuous monitoring for trends or themes monthly, ensuring staff do not leave people unattended and sharing analysis with staff to heighten their awareness of 'at risk' people using the service.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was not working within the principles of the MCA.
- Mental capacity assessments had not been completed in line with legal requirements, guidance, and best practice. When people had been assessed as lacking capacity or had fluctuating capacity to make decisions about their care, MCA's and best interest decisions were not fully completed, discussed, and recorded as legally required.
- Care plans did not clearly document people's capacity to consent and to make decisions. For example, a person's care records documented several MCA's in decision specific areas such as for the use of an alert mat, the use of bed rails and for the use of a lap strap. However, the MCA's were not detailed, did not document discussions had with the person and staff only documented yes/no answers.
- Staff had received MCA training, however, some staff we spoke with lacked understanding and knowledge of the MCA.
- The deputy manager showed us a deprivation of liberty tracker tool the provider used. However, they could not identify when people's deprivation of liberty authorisations had been granted, when authorisations had expired, when re-referrals had been made, or if conditions had been placed on the home. The lack of system for referring people back for a DoLS authorisation before their current one expires means there is a risk of people losing their right to legal representation (RPR) to challenge deprivation of liberty to the Court of Protection if needed.

The provider failed to act in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the manager sent us a deprivation of liberty tracker. This had been updated to include when people's deprivation of liberty authorisations had been granted, when authorisations had expired, when re-referrals had been made and the conditions placed on the home.

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

- People's needs were not always assessed, care and support was not always delivered in line with current standards. People did not always achieve effective outcomes.
- Assessments of people's needs were completed. However, care plans and records lacked detail and required reviewing and updating to ensure they were relevant, people were central to the planning and reviewing of their care and assessments and care plans were person centred.
- Information was not always documented within people's assessments and care plans and for those that had information documented, this was limited. For example, in one care plan documenting a person's biography and additional information about them, staff had recorded for the person's last occupation as 'ask family'. This meant staff did not have important information about people, their preferences and life choices and therefore care and support provided was not person centred. This required improvement.

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

- People were supported to meet their nutrition and hydration needs. One person told us, "I eat in the dining room with the other residents. I always have a choice at mealtime." A relative commented, "The staff have managed to get my loved one sitting at a table in the dining room every day so that they can eat with the other residents. I think this is a major success." Another relative told us, "My loved one loves the food and has a good healthy appetite."
- We observed people having their lunch in one of the dining rooms. Where required, people were supported to eat and drink by staff in an unhurried and caring manner. However, we observed that staff deployment made it difficult for staff to support everyone to eat their meals at the same time with some people waiting long after others had finished. We drew this to the registered managers attention who told us they would ensure staff were available to support people with their meals promptly. On the second day of the inspection, we observed that staff deployment had improved, and people ate their meals together ensuring their meal was served hot. People's mealtime experience had improved.
- We spoke with the chef in their kitchen. We saw a whiteboard with information about people's different cultural needs and requirements, their preferred portion sizes, food allergies, vegan/vegetarian and meat exclusions, dislikes, whether they were diabetic or needed fortified food. The chef told us they received daily updates from managers if there were changes, people were new or had changing health needs.
- The chef told us, "We're a lot more aware of diversity I think now than years ago. This is a diverse area, and we serve menus which are far more diverse for people's cultural needs. I think it's one of our strengths that we want to understand the foods people want to eat and get feedback from people to make sure we are getting it right."

Staff support: induction, training, skills and experience

- Staff told us they received training relevant to their needs and the support they received from managers was good. A member of staff commented, "The manager we have now is very good, this has made a real difference within the home. The training we have is very good and these are refreshed frequently."
- The manager told us that when they started working at the home there was a shortfall in staff training. They had been working to make sure that all staff were up to date with training the provider considered

mandatory. After the inspection the manager provided us with evidence of staff completing training on dysphagia, fire safety, moving and handling and equality and diversity.

- We saw a training matrix confirming staff had received training in areas such as dementia awareness, food safety, oral health care, safeguarding, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A staff member told us about their recent training on dementia awareness. They said the training helped them to understand how people living with dementia felt and this would improve how they did their job.
- Following the inspection, the manager sent us a training matrix that included clinical training for nursing staff. This recorded that nursing staff had completed training on syringe driver, catheterisation, venepuncture, and pressure ulcers.
- Staff told us they received regular formal supervision with their line managers to ensure they had the right knowledge and skills to carry out their roles. We saw records confirming staff received regular supervision and support from either a clinical lead nurse or the manager. An agency staff member told us they had worked regular at the home for two years. They said "In that time I got an induction and have completed training the same as the full-time staff. I get regular supervision from the team leader, the new manager, and the nurses.

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

- The home worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. We saw evidence of regular reviews of people's health needs carried out by a tissue viability nurse, speech and language therapists, dietitians, and chiropractors.
- A GP visited the home on a weekly basis or when required to review people's health needs. A friend of a person using the service commented, "My friend has been on pureed food since coming out of hospital. They have seen the speech and language therapist and been advised they need to stay with the pureed food. I am happy that my friend has seen a professional."
- We saw referral information in people's care records where they had been referred to health care professionals for support. Staff had sought support from a tissue viability nurse for a person with a pressure sore. We saw completed monitoring records and photographs that confirmed the persons wound had healed.
- A health care professional told us they had been visiting the home for years. It was a really good home, always very clean, the people living there were always looked after, and the staff were caring, warm, and helpful. Nurses were always available, they always had people's the medical records ready for them when they arrived.

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

- People's rooms were decorated and personalised to their needs. A relative told us, "We brought stuff from our house into our loved one's room. Our loved one really feels like they are at home."
- The design of the premises enabled people to enjoy a comfortable living experience. The home had adapted bathrooms, dining rooms, quiet lounges with suitable furniture to support people with limited mobility where required.
- We saw dementia friendly signage located around the home including memory boxes to aid people's orientation and pictures for people to reminisce.
- There was a well-kept easy to access garden with comfortable furniture for people to use if they so wished.

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 this key question was rated good. At this inspection the rating has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- One person using the service told us, "I like the staff, they are excellent." A relative commented, "The care staff are lovely, and patient and the nurses are brilliant. They have taken their time to get to know about my loved one's needs. If my loved one wants to have a down day the staff know what to do. I am so happy we found this place." Another relative said, "The staff do a good job. They listen to me and my loved one. They are kind and caring." A friend of a person using the service commented, "There is no problem here, everything is alright. My friend is well looked after. My friend and I are very happy with the home."
- Notwithstanding these positive comments we found that people were not always well supported and treated with respect by staff. We observed one occasion when a member of staff referred to people sitting in a lounge as 'these ones'. We also heard staff members speaking in a language other than English whilst assisting people in a communal area whose language was English. We drew these incidents to the registered manager attention who took appropriate actions to address the concerns including seeking appropriate training for staff.
- Staff we spoke with did not always understand the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- People's diverse needs were not always assessed and supported by staff where required. Assessments did not always include and document people's needs relating to any protected characteristics in line with the Equality Act and care plans did not always record information about people's relationships, cultural preferences and religious beliefs.
- Staff had received training in equality and diversity; however, it was apparent that some staff lacked knowledge in this area. A staff member told us they would support people with their diverse needs but because they were not the same religion, they would not be sure what they would have to do for them. When asked about celebrating diversity they told us they had not seen anything celebrated on their unit because it was a dementia unit and people might not remember anyway.
- Following our inspection, the manager confirmed that 55 staff members had completed a class-based diversity, equality and inclusion training event to improve staff awareness and practice.
- Some staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs. One staff member told us how in conversation with a person they discovered they had previously worked in the same industry and how they had regular chats about what they had done in the past. Another staff member said, "There are a lot of cultures being supported, it's good, it's very mixed. We try to meet people's interests and their food preferences. There is some information in people's care plans, but we learn about people by spending time with them."

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

- People's views and choices about their care were sought, however, these were not always documented within their care records.
- One person told us, "When I came here, the staff came and had a chat with me about what I liked, my choices and all my social bits." A relative told us, "Me and my brother have attended various planning meetings regarding our loved one's care." Another relative commented, "They listen to what my loved one wants, even though it's not always what we want." A third relative commented, "I am very involved with planning and managing my loved one's care. Staff are always friendly, anything we have asked for we have got."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always respected. One person told us they had been 'told off' when they declined a shower. They said, "At that moment I did not feel respected." Other people told us their privacy and dignity was respected. A relative told us, "The staff respect my loved one's dignity whilst providing them with personal care. They always talk my loved one through what they are going to do. I think they do this very well."
- Staff told us they made sure people received personal care in private. One staff member said, "I make sure the door is shut and the curtains are drawn to protect the persons privacy. When I provide personal care I always I tell the person what I am doing and ask for their permission to proceed." Another staff member told us people's preferences for the gender of staff that provided them with personal care was recorded in their care records. They said this was always followed by staff.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were not always supported as individuals, or in line with their needs and preferences.
- Care plans were not always person centred, did not identify or reflect individual's preferences, wishes, life histories and social networks or contain detailed information about people and their needs.
- Pre-admission assessments were not routinely completed by staff meaning they were not aware of people's full needs, wishes and preferences when coming to live at the home. We spoke with the deputy manager who confirmed that pre-assessments were not completed on the system, and this was an area they were working on to ensure people's needs were met on admission into the home. We will check on this at our next inspection of the service.
- People's personal history and biography sections of their care plans were not routinely completed. For example, a person that had been living at the home for over 10 months had not information recorded about their, personal history, life story or biography. A second person had been living at the home for over 3 years and again there was no information about the person recorded in their personal history, life story and biography within their care plan. This meant that staff had no or little information about people, and therefore, particularly for people whose communication and capacity was limited there was an increased risk people would not receive personalised care and support to meet their needs.
- We observed that care provided was not always person centred. A care plan documented that the person enjoyed music and smiled when they hear music. However, during our inspection we observed that the person was sitting in their room with no interaction from staff and in silence. We drew this to the registered managers attention who took appropriate actions. We observed on the second day of our inspection that music was played in the persons room for them to listen to.
- Care plans lacked detailed information to support staff to recognise, support and understand people's individual diverse needs ensuring their well-being. A person's culture, choices, dislikes, and likes were highlighted within their records, but their care plan failed to detail these. For example, it stated that the person was 'Rastafarian' but failed to reflect how their needs were to be met or what was important to them regarding their culture.

The provider failed to ensure people received appropriate person-centred care and treatment based on an assessment of their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the second day of our inspection the manager told us they had started work on 13 people's care plans. These had been updated and reviewed to ensure they were person centred and they had planned further

work on people's profiles which were at the front of their care plans. We will check on these at the next inspection of the service.

- The deputy manager also told us that following the first day of the inspection, pre-admission assessments were now to be completed on the providers computer system located within people's assessments. We will check on these at the next inspection of the service.

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

- People were not always supported to maintain relationships, follow their interests or take part in activities that were relevant to them.

- The provider employed 4 activities coordinators to support people at the home. A relative told us, "The activity lady has come in to see my loved one every day. She already has a wonderful relationship with them." Another relative commented, "My loved one has one to one activity sessions with an activity worker most days." However, we found that staff were not always deployed effectively to ensure people on all levels of the home had access and opportunities to participate in activities and to maintain and develop social relationships.

- On the first day of the inspection we observed several people sitting in a communal lounge with no activities available (on the second floor of the home). There was music playing in the background and no staff present. We drew this to the registered managers attention who took action to ensure everyone had access to activities. On the second day of the inspection, we observed many people in the same communal lounge were participating in song and dance with an activities' coordinator facilitating and supporting people to take part. The registered manager told us that activities staff were now more effectively deployed throughout the home so one activities staff would always be available on every floor of the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented in their plan of care, however, information was not always detailed, and this required some improvement. A relative told us, "The activity lady has gone out of her way to understand my [loved one] and communicate with [loved one]. The rest of the staff not so much."

- The manager told us information could be provided to people in large print, different languages or in audio formats if required. We saw daily menus were provided to people in large print with pictures of the meals on offer to aid choice.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. We saw records of complaints and correspondence between the current manager and relatives.

- One relative told us they had raised a concern prior to the new manager starting work at the home, they felt their concern had not been fully addressed. They met with the manager during the inspection. The manager told us they had taken action to address the relatives' concerns. Another relative told us, "If I had any concerns I would speak with the manager, I do feel listened to." A third relative commented, "I have never needed to complain. I would speak to the manager or the deputy manager. I know they would investigate it."

End of life care and support

- The provider supported people with end-of-life care. People's care records included information about their end-of-life support preferences, where they had been happy to discuss this with staff.
- Relatives told us they had been involved in planning for their loved one's end of life care needs. One relative commented, "[Relative] and I are discussing end of life care for our loved one. A meeting with the manager is being planned as we speak." Another relative told us, "I have lasting power of attorney for my [loved one], so I make all the decisions for them. We have started to plan end of life care. We will continue to do this over the coming weeks."

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not always well managed. Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying and addressing issues and concerns we found at this inspection and for helping to drive service improvements.
- Care plans and records were not always person centred and did not always comprehensively assess and document people's needs and risks to ensure their health and well-being.
- The manager told us that training was provided to staff following the first day of the inspection, relating to person centred care and equality, diversity and human rights training was due to be delivered later in the week.

Effective systems had not been established and effectively operated to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the first day of the inspection 13 people's care plans had been updated and reviewed to ensure they were person centred and reflective of people's needs and wishes. The manager and deputy manager also showed us that work had started to ensure people had personal profiles at the front of their care plans which would provide staff with valuable information about them. They told us that people who were insulin dependent diabetic now had a diabetes care plan in place to ensure and monitor their well-being and some work had started to ensure MCA and DoLS were reviewed and or completed where required.

- We saw that regular audits had been carried out at the home in areas such as infection control, falls, health and safety, incidents and accidents, safeguarding and concerns and complaints.
- Regular safety checks were carried out on portable appliances, gas, and water safety. Equipment such as hoists, wheelchairs, lifts, and the call bell system were serviced and checked regularly to ensure they were safe for use.
- The provider did not have a registered manager in post. The current manager had been working at the home for one month. They had applied to CQC to become the registered manager for the home. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014.
- The manager and provider understood the duty of candour. Throughout the inspection the manager,

regional manager and deputy manager were open and transparent and took appropriate action to address areas we identified as requiring improvement. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people, where appropriate.

- Staff told us teamwork was good and they received good support from the manager, deputy manager, nurses, team leaders. One staff member told us, "The manager carries out a walk around the home every day at 10 am. If we need anything she will sort it out. For example, the microwave was not working, and they sorted it out right away. The deputy manager and the clinical lead are also helpful and friendly." Another staff member commented, "The manager has been here a month now, she is good, she comes around every day and checks on people using the service and staff, she supports and listens to everyone and provides solutions." A third staff member said, "The manager is very good. She comes every day to ask us [Staff] if we have any problems. I really like her attitude towards staff, she is very helpful."

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

- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people. The manager told us that there was no 'person centred care plan' audit in place, however, they were in the process of developing one and assured us this would be implemented soon.
- After the first day of the inspection the manager sent us an updated service improvement plan. An ongoing action related to person centred care planning included life stories which were to be established for every resident and this to be embedded in the care plan. Work continued to be required for more personalised information in resident care plans. Actions completed included a mealtimes experience audit.
- The manager and provider told us they were taking appropriate actions to address the issues and concerns we found. On the second day of the inspection, we observed that some improvements had been made.

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

- People were involved in the running of the service. We saw the minutes from resident's meetings carried out over all units in October and November 2023. These were well attended by people using the service. Issues discussed included, food, care, activities, infection control and complaints.
- We saw a "You said we did" survey action plan for December 2023. The survey was completed by 5 people using the service. Action was taken to address what people said. For example, people said, 'we would like more activities such as cooking, tidying up and 1:1. The provider's response was, "We looked at our activity planner and have introduced more baking and tidying up. 1:1 happens every morning. we will endeavour to increase this time.' A resident said their 'religious, spiritual, and cultural needs were not met. The provider's response was, 'We are working hard to address any shortfalls there is a visiting vicar and priest to the home. We also recognise other cultures and have occasions to celebrate these. We are working on establishing a greater biography of our residents to ensure that we are recognising and meeting specific cultural needs.'
- The chef told us "I like to visit people to get their feedback. The staff are good at telling us which meals people liked. We're always open to feedback, trying new meals and adapting them according to what people want."
- The home produced a monthly newsletter. The November 2023 newsletter included a poem, a welcome to the new manager, lifestyle, pet therapy and Age UK sessions and a new menu was in place for feedback.
- Regular meetings were held with staff to discuss the running of the home. We attended a daily meeting where nurses discussed clinical issues on each unit. The meeting was led by deputy manager who was also a clinical lead nurse. Issues discussed included nutrition, risks, appointments, people's progress, or deterioration in health. A staff member told us, "Staff can raise items at team meetings and there is always an answer provided." Another staff member said, "The managers always let us know at the daily 10 at 10

meetings what's going on and if there are any changes to people's needs."

Working in partnership with others

- The manager and staff worked in partnership with other agencies, including the local authority and health and social care professionals.
- The manager told us they had attended a provider forum run by the local authority. They told us this was their first one so was an introduction meet and greet.
- During the inspection the manager had enrolled as a member of the Dementia Action Alliance. The Dementia Action Alliance aims to improve the lives of people living with dementia and their carers through coordinated action. The manager told us they had had a discussion with the alliance about for training for staff and planning coffee dementia mornings.
- The homes lifestyle lead told us they worked with Age UK's befriending scheme and in partnership with the local authorities Mental Health team whereby resources were shared.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people received appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to work within the principles of the Mental Capacity Act (MCA). MCA's were not completed in line with guidance and best practice and staff required further training.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people's health and well-being were appropriately identified, assessed and documented.
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The provider failed to ensure systems and processes in place for monitoring the quality and safety of the service were effective and helped drive service improvements.