

South Coast Care Homes Limited

Elton Park Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Elton Park Care Home is a residential care home providing accommodation and personal care for up to 35 people. The service provides support to older people in one adapted building over three floors. Only the ground floor was being used when we inspected. At the time of our inspection there were 21 people using the service, some people were living with dementia.

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

The registered manager was new to the role and there had not been a deputy in post until April 2022 to support the registered manager in developing the new service. The deputy manager worked 24 hours a week in this role and also worked as a senior care staff and activities coordinator. We were concerned the support system was limited, considering the improvements required in the service.

There were not enough staff working on shift to ensure people's safety and to meet their needs effectively. There was no dependency tool in place despite challenges relating to interactions between people using the service. Staffing levels had not been amended to ensure, for example, staff were always present in communal areas to safeguard people.

People were not safeguarded from avoidable harm and abuse. Risk assessments were either not in place or not robust enough to identify risks and provide staff with guidance in how to reduce them.

The governance systems were either not in place or not robust enough to effectively monitor the service, identify shortfalls and address them. Despite a provider audit being undertaken in April 2022, some areas remained unresolved. The action plan completed following the audit did not have timescales for actions.

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.

We were concerned the assessment processes for when new people moved into the service were not always robust. This was due to people moving into the service with a range of complex needs, which the service was not always able to meet. This included arrangements for staff to receive training in meeting people's specific needs and staffing levels.

People did not always have access to meaningful activity to reduce the risks of isolation or boredom. There were some group activities provided once a day, however, out of these times there was no time for the care staff to spend with people and socially engage with them.

People's care plans were not detailed enough to show how people's specific needs affected them and to guide staff in how to meet people's requirements and preferences effectively. Records relating to how much

fluid people had each day were poor. There was limited information in people's care records relating to their diverse needs and history and for example how their dignity and independence was being promoted and respected.

We observed medicine administration and found this was done safely. However, we found the audits for managing medicines only consisted of a count of medicines and checks of the medicine administration records. There was no full audit in place which was robust enough to identify shortfalls. For example, medicines not being labelled with the date of opening and staff accessibility of protocols for medicines to be administered when required.

People had access to health care professionals where needed. The registered manager had accepted support and was working with health care professionals to address areas they had identified as needing improvement. Health care professionals had provided training and support to the staff and registered manager.

People told us they had choices in their daily lives. However, there was no choice of meal provided to people during lunch on our inspection visits. We were told by staff that there were alternatives people could choose if they wanted them. We did see that people's choices in other areas were supported, such as if they wished to stay in bed.

The service was not clean and hygienic throughout. There were areas where there were cobwebs and dust. Items in bathrooms and the wet room did not demonstrate an understanding of infection control procedures. There was no up to date infection control audit to assist the management team to identify shortfalls and address them. However, we did see staff wearing appropriate personal protective equipment and cleaning their hands.

People were supported to have visits from their relatives and friends. The registered manager was following government guidance in this area.

People told us they felt the staff were caring and this was confirmed in our observations. However, due to the shortfalls we had found during our inspection, we were not assured people always received a caring service.

There was a programme of refurbishment being undertaken in the home, which was ongoing.

There was a complaints procedure in place, the registered manager kept a record of complaints and actions taken in response.

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

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 16 July 2019. This service was registered with us under the current provider on 10 May 2021 and this is the first inspection.

Why we inspected

The service had not been inspected since the new provider had registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding people from abuse, staffing, consent and governance.

Please see the action we have told the provider to take at the end of this report.

We have recommended that the provider seek advice relating to providing meal choices to people living with dementia.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Elton Park Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Elton Park Care 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. Elton Park Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

The first day of our inspection was unannounced. We announced the second day of our inspection.

What we did before the inspection

We reviewed information we had received about the service since the new provider registered with us. We sought feedback from the local authority and professionals who work with 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, one person's relative and two visiting health professionals to gain their view of the service provided. We spent time in the communal areas and observed staff interactions with people and the support provided.

We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with six members of staff including the registered manager, deputy manager, catering and care.

We reviewed the care records of six people who used the service, we also reviewed records such as 'resident of the day' and personal evacuation plans for other people. We reviewed a range of records including three staff recruitment records, policies and procedures, audits and monitoring systems.

Following our visits, we requested feedback from staff and people's relatives, we received electronic feedback from three staff member and telephone feedback from one staff member and one person's relative. We also asked the registered manager to send us documents which we reviewed remotely, this included staff training records and complaints.

We fed back the findings of our inspection to the registered manager, deputy manager and nominated individual on 15 August 2022. Following our feedback, we were provided with further documents which had been discussed during feedback, these were reviewed by us on 16 August 2022. We requested an updated service improvement plan on 19 August 2022, this was received on 22 August 2022. The registered manager told us they will send us weekly updates on improvements being made.

Is the service safe?

Our findings

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

This is the first inspection of this service under the new provider. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- During our inspection, there was no dependency tool used to assist the registered manager to assess the numbers of staff required to meet people's needs, despite it being identified as needed in a provider audit in April 2022. There were not enough staff working in the service, staff did not have time to spend with people, such as engaging them in social interaction. Some people had complex needs and displayed behaviours others may find challenging, despite this staff were not always present in the shared areas to ensure people's safety. For example, an incident happened as soon as a staff member was called away to support another person.
- The catering staff worked 7am to 3pm daily. Care staff served the evening meal which had been pre-prepared by catering staff. This left one care and one senior staff member to support people using the service. There was only one domestic staff employed, who worked five days a week, the registered manager told us night staff undertook some domestic duties. We noted the service was not visibly clean throughout. Therefore, the current staffing arrangements were not effective.
- There were two staff working at night, their duties, included cleaning, checks on people and support five people who wished to get up early. We were concerned there may be times when staff were not available to ensure people were safe. For example, one person told us they had been frightened when a person had come into their bedroom and refused to leave. They told us they had pressed their call bell and the staff escorted them out. The registered manager and deputy manager told us this may have been a former resident, but not yet investigated. We also saw in a complaint record a similar concern had been raised.

Systems had not been established to ensure that there were sufficient staff members on duty to meet people's needs and keep them safe. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and nominated individual told us staff recruitment was ongoing. We were told the use of agency staff was reducing as permanent staff were recruited.
- Despite our concerns about staffing, people did tell us that the staff responded to their call bells in a timely way. The current call bell system did not provide information to help the registered manager to assess call bell response times. The registered manager told us they were looking at obtaining a new system. Therefore, currently, they could not be assured call bells were always being responded to promptly.
- Records showed staff were recruited safely, this included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and provider had not recognised and acted on safeguarding concerns. People were being exposed to the risk of harm by another service user and safeguarding referrals had not been made as necessary. The provider had also failed to put measures in place to protect people from ongoing harm. Following our visits, we raised two safeguarding referrals with the local authority.
- One person told us they used to feel safe, but did not currently, this was due to witnessing an assault on staff by a person who used the service. They said, "I was shocked, I did not know how violent they could be." They also referred to another person's behaviours which did not make them feel safe.
- Not all of the staff working in the service had received training in safeguarding. There were three courses identified in the training records. Of 21 staff, one staff had passed the Care Certificate safeguarding training, one had passed safeguarding vulnerable adults from abuse (SOVA) introduction part one, and 10 had passed SOVA level 2. We were concerned that without this training, staff may not be able to recognise abuse.

Systems had not been established to assess, monitor and mitigate risks of abuse. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings, feedback received from two relatives was that they felt their family member was safe in the service. One person's relative told us, "I can leave and know [family member] is safe and well looked after."

Assessing risk, safety monitoring and management

- The systems to assess and mitigate risk were either not in place or not robust enough to reduce the risks of avoidable harm. For example, the upper floors were not being used at the time of our inspection visits, the staircase had a rope at the bottom. There was no risk assessment relating to the stairs, which identified how risks were mitigated, for example, if a person accidentally went up the stairs and fell down them.
- The Provider Information Return (PIR) stated, "Risk assessments are completed to identify any hazards or have potential to cause harm. Once it's identified, we can put measures into place to reduce the risk and ensure our residents are living safely as possible." We did not see this in practice. We reviewed six people's care records and found three did not have any risk assessments, this was despite their complex needs where support was needed to ensure their safety. One of these people had fallen, there was no risk assessment completed to identify how the risks of falls were reduced. This places people at risk of harm and unsafe care.
- Risk assessments that were in place provided limited information and lacked clear guidance for staff in how to mitigate the risks. One person's records included a risk assessment in relation to behaviours that may be challenging to others. The assessed risk was low, likelihood unlikely and severity minor and lacked detailed information about how risks were mitigated. This was despite several incidents of behaviours directed at other people using the service. Therefore, the risk assessment was not effective.
- Some measures to reduce risks were not always effective, this included a person who smoked in their bedroom, despite lighters being kept in the office. We found toiletries on a shelf in one bathroom, this was a risk that people, particularly those living with dementia, may accidentally ingest them. The provider audit in April 2022 also found toiletries in a bathroom. Therefore, we were not assured where risks had previously been identified, robust actions were taken to reduce them.

Systems had not been established 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 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records demonstrated environmental checks reduced risks to people, this included fire safety. Hoists and supported baths had stickers which showed they had been safety checked and serviced.

Preventing and controlling infection

- The service was not clean and hygienic and there were no infection control audits routinely completed to assist the registered manager to identify and address shortfalls. There were cobwebs in the corners of shared rooms and the skirting boards were dusty. One bathroom had dust and cobwebs near the window, there were two fabric hand towels and a continence pad on the windowsill, which was not hygienic.
- Communal bathrooms did not have covered toilet roll holders, or toilet roll holders. One bathroom had four uncovered toilet rolls on the top of the cistern. This is a risk of cross contamination. The toilet used by staff was not clean. There was limescale around a tap, which did not allow thorough cleaning.
- One person had a table at the side of their bed where they had drinks and personal belongings on it. The edging and surface were damaged. This did not allow for the table to be thoroughly cleaned. Another person was lying on a stained sheet, this was changed as soon as we pointed it out. These did not demonstrate good infection control processes.
- The wet room had items stored in there including a cardboard box stacked on top of another box with a bowl, cushion in it, there were two shower chairs and a mop bucket with dirty water at the bottom of it with the mop in the water. This was unhygienic and a risk of cross contamination. The provider audit of April 2022 identified the risk of items stored in the wet room which had not been addressed.
- Records showed not all staff had received training in infection control and training associated with the pandemic. Of 21 staff, 12 had passed hand hygiene training, 13 had passed infection control and prevention training and seven had passed coronavirus living in a COVID world training.

Systems were not in place or robust enough to monitor and mitigate risks relating to infection control. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff wore appropriate personal protective equipment where required, including masks. We observed a staff member who was supporting people with their medicines clean their hands in between supporting each person.

Visiting in care homes

- People told us they could have visits from their family and friends. During our visits we observed this happening.
- One person's visitor told us how they and other relatives visited their family member when they wanted to.

Using medicines safely

- Staff who were responsible for administering medicines had received online training. The registered manager told us they were in the process of trying to secure face to face training. We received competency checks for three staff, however, one staff member told us they had not had their competency of safe practice checked.
- The medicines audits were not robust. The audits consisted of a stock count of people's medicines against medicine administration records, which showed people had received their medicines. There were no additional checks for example, storage, ordering and returns. We found medicines were not being labelled to show when they were opened, which had not been picked up in audits. This was important to ensure that medicines were safe and effective to use after opening.
- During our inspection visits the protocols for medicines prescribed to be given as required (PRN) could not be found. A staff member was able to tell us the systems for administering, for example PRN pain relief. However, the protocols should be accessible to staff to reduce the risks of medicines being given inappropriately. Following our visits, we were sent five PRN protocols.

- A staff member showed us their hand-held electronic device used to record when people received their medicines. They told us they felt this was safe, it indicated when people required their medicines and when they had been provided which reduced the risk of error. They told us they were confident people received their medicines when needed. We observed parts of medicine administration, which was done safely.

Learning lessons when things go wrong

- The electronic care planning system provided a system to allow the registered manager to monitor and analyse falls and incidents. However, there was limited information to show actions going forward to reduce risks. The registered manager told us they reviewed falls and if there were increased falls referrals were made to other professionals.
- Discussions with the registered manager showed that they had learned lessons, when one person had fallen, this included changes made to the outside access and the kitchen.
- The provider audit of April 2022 had identified areas of risk and a service improvement plan had been developed by the registered manager. We were concerned that some of these risks remained and had not been addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this service under the new provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were provided with staff training records. We found gaps in staff training, which did not evidence they received the training and support they needed to meet people's needs effectively. This included not all staff had received training in safeguarding and no staff had received training in dementia, despite some people using the service were living with dementia. The records did not include the training recently provided by health care professionals, which were identified in minutes of meetings with a visiting nurse.
- We were concerned that staff had not been provided with the training they needed to ensure they were equipped to support people effectively with diverse and complex needs. Staff told us they had received training they needed, and one said they had received on-line training in supporting people with behaviours others may find challenging. The training records did not show this training was provided. Some staff had received training in mental health awareness.
- The registered manager had undertaken train the trainer for moving and handling, on our second visit the deputy manager attended this training. This enabled them to provide face to face training with staff in this area. However, training records showed not all staff had received moving and handling training.

Systems had not been established to ensure that staff were provided with the training they needed to meet people's needs effectively. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training records did show some standards of the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt supported. The registered manager told us they aimed for one to one supervision meetings three to four monthly, earlier if needed. This provided staff with a forum to discuss their concerns and receive feedback on their practice. The registered manager said staff could speak with them when needed.

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.

- There was limited information in people's care records regarding their lives and background and how they wanted to live their lives, their capacity to consent and how this had been assessed. There was limited guidance for staff in how they could support people to make choices, where able, such as what clothing to wear and what they wanted to eat. There was no evidence of best interest decisions seen, with the input of appropriate professionals and people's representatives.
- Some people's records reviewed had documents to show they had consented to their care plans and care, there were no additional records to show how they had consented, for example to have their personal belongings kept in the office for safekeeping. One person told us they were happy with the arrangement, another person said they were not. Therefore, we were not assured people always had maximum control over their lives.
- Staff had not been provided with the training they needed to ensure they were up to date and understood the MCA and DoLS. Training records showed, of 21 staff which included care, domestic, catering, and maintenance staff, 12 had passed training in MCA, none had received training in DoLS. Therefore, we were not assured that staff were provided with guidance in this subject to be able to recognise when a person may be unlawfully deprived of their liberty.

Systems had not been fully established and robust to evidence people's capacity to make their own decisions had been assessed and to ensure people's consent was being sought and documented. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us how DoLS referrals had been made. We saw records were maintained when these were made and when they required reviewing. Two had been approved by local authority professionals, the registered manager told us there were no conditions.

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

- We were concerned about the assessment process undertaken prior to people using the service, and in turn the care plan and risk assessments in place. This was due to people with a varying range of conditions and complex needs, to include how they would fit into the service, protection of other people and how staffing was arranged to ensure people were receiving safe and effective care.
- During feedback we were told that lessons had been learned relating to assessments and ensuring the service could meet people's needs prior to them moving into the service.
- We saw a range of policies and procedures in the service which included good practice guidance, such as National Institute for Health and Care Excellence (NICE).

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

- We received varying feedback about the quality of food provided. One person described the bacon and eggs they had for breakfast as, "Lovely." Another person said, "The food is better on some days than others." They told us the cook was helpful and they got a choice of food. The following day they were eating a jam sandwich, they said, "Look at this it is all dry, looks like it was from last night, my [relative] pays for this you would get better in a prison." We asked if they wanted us to get a staff member to get a fresh one, they said no and ate their sandwich. Another person said, "The food is generally good, can have more if I want."
- Lunch time was calm, and people chose where they wanted to sit. Whilst we saw people had choices for

the breakfast, there was no choice provided during lunch and people did not know what was on offer. People were served plated up meals at the table and there was no discussion about, for example, if they wanted vegetables. However, we did see people eat their meals with no complaint.

- A staff member said people would usually have what was provided, but there were jacket potatoes and omelettes as alternatives where requested. The registered manager told us people had choices and records were kept to evidence this, they said they would send them to us, but these were not received.
- Staff were advised in a staff meeting on May 2022 that they were to ensure people were encouraged to drink. We did see jugs on dining room tables and cups and people were helping themselves to drinks. We also saw people being offered drinks by staff and people had access to drinks in their bedrooms. However, records relating to how much fluid people had were poor.

We recommend the provider seeks guidance and advice relating to providing people, specifically people living with dementia, with choices of meals, which can be understood.

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

- Only the ground floor of the service was being used; the upper floors were in the process of being redecorated. There had been some refurbishment undertaken of people's personal spaces and the nominated individual told us the further plans they had. This included the redecoration of shared corridors which had not been redecorated since the provider took over the home. One person's bedroom had chipped paintwork and there were cobwebs outside of their French windows and the windows were not clean, which was not attractive.
- There had been some attempts to ensure signage was in place to assist people to move independently around the service, such as showing where the bathrooms were. There were memory boxes outside of people's bedrooms, but they only contained a label with the person's name and a code to indicate, for example, if the person required one or two staff. The registered manager had missed the opportunity to use these to engage people in what their interests were and what they wanted in the boxes to help to support them to identify where their bedroom was.
- There were two outside areas where people could sit. We noted several people using the service smoked. Whilst it was positive that people's choices were respected, the people were sat near to the building and there were times when the smell of smoke was present in the home, which may not be pleasant for a person who did not smoke. During feedback the deputy manager told us they had identified an area away from the doors for people to smoke and to reduce risks of fire, specifically during the current hot weather.
- Staff told us that a person's relatives had planted flowers and plants in the garden, we saw one of the relative's watering the plants with their family member.

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

- The registered manager told us they worked well with health care professionals providing a service to people. Monthly meetings were held with a visiting nurse to discuss how the service was improving, to receive information about what needed to be done and updates on what has been done to improve people's wellbeing. This was confirmed by visiting health professionals spoken with.
- A health care professional told us they had seen improvements in the service and training had been provided to the staff team, including pressure ulcer care.
- There was a weekly ward round undertaken by the GP. The registered manager told us they let the GP know before their visit which people needed to be seen, in addition they contacted the GP where required.
- We saw records which showed where the service had contacted the GP. One person told us they had a planned visit with the GP and told us why. We observed district nurses visiting a person following a referral from the service regarding concerns about their wellbeing.

- We saw records of referrals to other professionals made by the service where there were concerns of their wellbeing, this included referral to occupational therapist (OT), speech and language team (SALT), dietician and physiotherapist. The registered manager also told us they worked with the mental health team where people required this service.
- Referrals to the speech and language team (SALT) had been made relating to people who were at risk of choking. The registered manager told us one person had been provided with liquid medicines to reduce the risk of choking.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Although we received positive feedback from people and relatives about how the staff were respectful. Due to the shortfalls identified during our inspection we could not be assured that people received a caring service at all times and they were able to live a peaceful life in an environment where they were safe.
- People told us the staff treated them with respect and kindness. This was confirmed in our observations. We saw that staff were compassionate and caring when interacting with people. One person said, "[Staff] are ever so good... Never rude."
- One person's relative told us the staff were, "Amazing," and, "Friendly." The referred to their family member and said, "[Staff] are polite, aren't they [family member]?" who smiled and nodded.
- Staff spoke with and about people in a compassionate and caring way. One staff member said, "We respect people, this is done well."

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

- The care plans reviewed had sections relating to people's language, nationality, birthplace, religion, and ethnicity, none of these sections had been completed. There was no information relating to people's history such as previous jobs and family. Without assessing this information, the service could not be assured they had explored people's diversity and their decisions about how they wanted to live their lives.
- We were told by the management team that where people had purchased alcohol, it was being kept in the office to reduce the risks of other people accessing it. Whilst people's safety was being considered, we were not assured the balance of people's choices were always respected. The registered manager and deputy manager told us people had agreed to this. However, one person told us they could not understand why they could not access what they had bought for themselves. The deputy manager agreed to ensure people's consent was sought and documented.
- People told us they felt they could do what they wanted and chose when they got up in the mornings. We saw a person was lying on their bed, they told us they had chosen to have a lie in that morning and staff respected this. A staff member told us, despite there being guidance in place for the night staff to get five people up in the morning, people's choices were respected.
- One person told us they kept their cigarettes in the office as they collected five for the day. They said they were trying to cut down and was happy with this arrangement. However, some people's lighters were kept in the office for safety, consideration needed to be made to balance safety with people's rights to make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People's records needed further information to show how their dignity, privacy and independence was being respected.
- During our inspection visit we observed a staff member offer assistance to a person whilst not taking away their independence. They asked for the person's consent to assist them, their interactions were caring and compassionate and they took action where they had identified a potential risk.
- The majority of people were in the communal areas during our inspection visits. For those people who remained in their bedrooms, we saw staff knocked on doors before entering.

Is the service responsive?

Our findings

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

This is the first inspection of this service under the new provider. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Staff were working hard to ensure people were provided with care they required, but there was limited time for them to spend with people on a social level outside of the personal care tasks required. This meant that for periods of time people were disengaged.
- People told us the staff were responsive where they required assistance, but this is not what we saw in practice. Staff were not always available to respond to people's requests for assistance promptly to ensure people received a responsive service. One person was walking around asking for help, whilst three staff were speaking with a person who was distressed.
- One person told us they were waiting for two and a half hours to be provided with their drink which was secured in the office, which they were not happy about. However, the following day, we saw staff supporting this person throughout the day in obtaining their drinks. We were not assured that this arrangement had been factored into the impact this had on the staffing levels.
- People's care plans included information about their conditions and specific needs, however, there was limited information about how people's health and mental health conditions affected them. For example, one person had noted in their file that they had depression and asthma, there was no information how these affected the person and any warning signs the staff needed to be aware of to support them.

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

- We were not assured people were provided with meaningful activity to reduce boredom and isolation. This was because there were not enough staff to engage people.
- There was no dedicated staff to ensure people had access to meaningful activity, other than the deputy manager who had two hours allocated for activities. Attempts had been made to provide activity from visiting entertainers, there was no ongoing meaningful interaction and social activity provided to people throughout the day.
- There was a programme of group activities posted in the service, for one activity per day. One of these activities were hand and nail care, which was not an activity but personal care. We did see on the two days of our visits, entertainers came into the service in the afternoon, which we saw people enjoying. However, outside of this, there was no further activity taking place, including one to one social interaction with people.
- We did see two people had daily tasks which they undertook, one person watched for the post to arrive and delivered it to the office and another person folded napkins ready for meals. They both told us they enjoyed doing this. The person who folded the napkins said, "It is surprising how many are used, I keep them topped up."

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 registered manager in the Provider Information Return (PIR) told us documents could be provided in accessible formats, where required, including larger print.

Improving care quality in response to complaints or concerns

- Concerns had been received regarding communication with relatives, the service had used this to drive improvement and make improvements on information provided to people's relatives.
- There was a complaints procedure in place and the registered manager maintained a record of those received and actions taken.

End of life care and support

- Staff had quick access to people's hospital passports and resuscitation forms, which were kept in the medicine's room.
- People's records included information about the decisions made for how they wanted to be cared for, such as if they wanted to remain in the service or in hospital.
- Not all of the staff working in the service had received end of life awareness training.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this service under the new provider. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- We found improvements were needed across each domain relating to the provision of safe, effective, caring, responsive and well-led care and multiple breaches of regulation. The registered manager told us they understood improvements were needed.
- The governance systems for monitoring the service, either were not in place or evidenced how shortfalls were independently identified and addressed. There were only three audits undertaken; controlled drugs for which there were none currently being kept in the service, first aid box and medicines. The medicines audit was not robust enough to assist the management team in the appropriate monitoring of the system in place.
- During feedback on 15 August 2022, the provider told us an audit had been undertaken by their representative in April 2022, and the registered manager had completed a service improvement plan based on the audit's findings. This was sent to us on 16 August 2022. The service improvement plan did not have dates for completion and several areas remained incomplete or in progress. This demonstrated when shortfalls had been identified, actions had not been taken to address them.
- We highlighted the lack of risk assessments to the registered manager on 3 August 2022, these had not been put in place by the time of our feedback on 15 August 2022. Whilst we understood the registered manager had been on leave following our visits, these had not been delegated to another staff member. We were not assured the registered manager understood the importance of ensuring risks were assessed and measures put in place to mitigate them to safeguard people from avoidable harm.
- People's care records did not detail the assessed and specific needs of people nor how these needs were being met. Records to show the care and support provided required improvement. For example, the records to monitor how much people had to drink were poor. For one person between 11 July 2022 to 1 August the records ranged from 120mls to 1200mls, only on three occasions had it been recorded over 1000mls. We did see people had access to drinks, however, the records in place did not evidence how people were supported, this was especially important due to the high temperatures at the time of the inspection

Systems were either not in place or had not been established 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager sent us an updated service improvement plan which

included some dates for improvement and advised this would be sent to us weekly to ensure we were being kept up to date on improvements implemented.

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

- There was a duty of candour policy and procedure in place, which was understood by the registered manager.
- The registered manager told us how they had updated people's relatives when incidents had occurred, where required.

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

- The nominated individual told us that people using the service and their representatives were engaged in the form of meetings and the recent introduction of newsletters. We saw the August 2022 newsletter to be sent to people using the service and relatives, it gave an update on staffing, the environment, activities, any feedback would be accepted and any concerns can go to registered manager or the nominated individual.
- Relative meetings were held. The meeting minutes from April 2022 stated people using the service had completed surveys on food and activities which was positive. Relatives were told improvements were being made in meal choices and activities. Despite the reassurances given there was no choice of lunch provided on our inspection visits and there was limited activity for people to enjoy.
- Staff meeting minutes showed they were kept updated regarding the service and their responsibilities. This included being directed to ensure records relating to care provided to people should be completed. Staff told us they were happy working in the service, felt supported and improvements were being made.
- The service had introduced a resident of the day system, where people participated in their care plan reviews, and for example, checks of their bedroom and equipment used, medicines and falls. However, for July 2022 only six had been completed. The deputy manager told us these were new and would be developed to include all people.

Working in partnership with others

- The registered manager told us they worked in partnership with health care professionals, which was confirmed by a visiting health care professional. The service had accepted support from health care professionals including training for staff.
- The registered manager told us how they worked well with commissioners and kept them updated about the service and any concerns. There was an action plan in place which was monitored by the local authority.

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 11 HSCA RA Regulations 2014 Need for consent Systems had not been fully established and robust to evidence people's capacity to make their own decisions had been assessed and to ensure people's consent was being sought and documented.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure risks to service users were assessed and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems did not always ensure that service users were safeguarded from abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were either not in place or not established to ensure that the service was monitored and assessed to ensure service users were provided with good quality care at all times.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There were insufficient numbers of staff who were trained to meet the needs of service users.