

Crocus Care Ltd

# Lorna House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lorna House is a residential care home providing personal care to up to 24 people. At the time of our inspection there were 13 people using the service. Accommodation is over two floors of a large period property with bedrooms on the first floor serviced by a stair lift. Most bedrooms have ensuite facilities. There is a large communal lounge, a dining room, conservatory and pleasant, well-maintained gardens.

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

Following our last inspection, we imposed conditions on the provider's registration which required them to complete a selection of audits and report their findings to CQC. The provider did not complete all of these audits within the required timescale. This meant it was a considerable length of time before the provider began to address some of the failings identified at our last inspection. For example, staff working without safe recruitment checks and people living with restrictions without the appropriate legal authority. The provider's policies had not been reviewed and the audits they had completed did not always identify all areas for improvement. Some people's relatives were unhappy about the lack of communication from the provider following the findings of the last inspection and did not feel they were open and honest about what had gone wrong, and what action they planned to take to address this.

People's risks were now being assessed and were well managed. People had appropriate equipment and accidents and incidents were regularly reviewed. People received their medicines safely and systems were in place to ensure people were protected from abuse. People, and their relatives, told us they felt safe. One person's relative told us, "I am very confident [relative] is receiving safe care at Lorna House." All restrictions relating to visiting had been lifted. One person's relative said, "Visiting is much better, things have improved a lot."

Not all staff had completed mandatory training or received a supervision, although the registered manager had begun to address this. Training was booked in and staff who had not completed training had been allocated courses to complete online.

People's needs had been assessed and everybody living at Lorna House now had a care plan in place. Care plans reflected people's individual needs and personal preferences and work was ongoing to expand the detail within people's care plans. People and their relatives had been involved in creating the care plans and staff involved other health professionals where appropriate. People were supported to eat and drink a balanced diet and improvements had been made to the environment which was clean, tidy and odour free. Restrictions and routines that had previously been in place had been removed and staff told us people had more freedom. One staff member said, "The daily routines have changed. There's no times to get up anymore."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We saw people being treated with dignity and respect and improvements had been made in the way staff communicated. People and their relatives gave positive feedback and felt the staff were kind and caring. A relative told us, "I find everyone kind and compassionate." Another relative said, "I cannot speak highly enough of this care home where the various members of staff are all caring, helpful and friendly." Staff had more time to spend with people and regular activities were taking place.

The registered manager had sourced and implemented a range of audit tools, and quality monitoring of the service had improved. Relatives acknowledged the registered manager, who took up their role during our last inspection, had worked hard to implement improvements and communication was improving. Staff gave positive feedback regarding the management of the service. One staff member said, "[Registered manager] has worked really hard to try and get things back on track." The culture of the service was now person centred and staff, relatives and health professionals all commented on the improved atmosphere and standard of care. Staff worked in partnership with other health professionals who gave positive feedback about the registered manager and staff team.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 6 June 2022). The provider sent us monthly reports in line with conditions imposed on their registration.

At this inspection we found improvements had been made, however the provider remained in breach of some regulations.

At our last inspection we recommended that the provider ensure staff complete appropriate induction, supervision and training to ensure they have the knowledge and skills to meet people's individual health needs. At this inspection we found that not enough progress had been made.

At our last inspection we also recommended that the provider put systems in place to ensure the Accessible Information Standard is met and that the provider put systems in place to ensure complaints and concerns were recorded and responded to. At this inspection we found improvements had been made in relation to these recommendations.

This service has been in Special Measures since 6 June 2022. During this inspection the provider demonstrated improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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

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.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lorna House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to fit and proper persons employed, staffing and good governance at this inspection. Following our last inspection, we imposed conditions on the providers registration. These remain in place.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Requires Improvement ●

### Is the service effective?

The service was not always effective

Requires Improvement ●

### Is the service caring?

The service was caring

Good ●

### Is the service responsive?

The service was responsive

Good ●

### Is the service well-led?

The service was not always well led

Requires Improvement ●

# Lorna House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Service and service type

Lorna House 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. Lorna House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 reviewed the monthly reports the provider submitted in line with the conditions imposed upon their registration. We used all this information to plan our inspection.

#### During the inspection

We reviewed a range of records including four people's care records, records relating to fire and safety checks, five staff recruitment files, training and supervision records and quality monitoring tools. We reviewed a selection of the providers policies and reviewed medicine administration charts. We spoke with five people and observed people in the communal areas including at lunchtime. We received feedback from seven relatives. We spoke with ten members of staff, including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted seven health professionals for feedback and received feedback from four.

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

### Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment procedures were operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Some members of staff were still working with no evidence of safe recruitment checks having been carried out. This included work history, references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Action had not been taken to obtain references for staff where it was possible to do so, for example those employed within the past 18 months.
- Where staff had been employed for much longer periods of time, no risk assessments had been completed to mitigate the absence of recruitment checks.
- The registered manager was aware a risk assessment was required where a staff members DBS showed criminal convictions, however, they had not yet taken action to ensure this was done.

Recruitment procedures were not operated effectively. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager had identified what information was missing from recruitment files, and had begun to take action to obtain it.
- The registered manager had put systems in place to ensure new staff were recruited safely. One member of staff had been recruited since our last inspection, and all pre-employment checks had been completed.
- There were enough staff to meet people's needs.

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

At our last inspection we found the service did not assess, monitor or mitigate the risks to peoples' safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.



Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were assessed and regularly reviewed. People's care plans contained information about how to manage their risks.
- A health professional told us they felt the risks relating to one person's diabetes were well managed. They said, "They always ensure they have breakfast at the right time so they can have their medicines, they always ask what their blood sugars are and let us know if there have been any issues."
- Where people needed equipment, such as air mattresses to prevent pressure damage, this was in place and regularly checked.
- Accidents and incidents were being reviewed on a regular basis and the number of falls people were having had significantly decreased.
- The registered manager was keen to learn from things that had gone wrong and had put systems in place to ensure people's safety was well managed.

### Using medicines safely

At our last inspection medicines were not managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely.
- Medicines risk assessments had been completed and protocols were in place for 'as required' medicines. This meant staff had clear direction on when medicines should be offered.
- Systems had been put in place to ensure good stock control and medicines were stored safely. The registered manager had audited medicines and was identifying where improvements were needed.
- A medicines champion had been appointed and given protected time to ensure medicines were signed in, out, and ordered correctly.
- People received their medicines at the right times, and staff recorded the time of administration where necessary.

### Preventing and controlling infection

At our last inspection the risk of the spread of infection was not well assessed or controlled. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no visiting restrictions in place at the time of this inspection.
- The provider had followed local advice regarding visits during previous outbreaks of COVID-19.
- A staff member told us, "Visitors can come and go whenever they want, it's so much nicer now, families really appreciate it,"
- One person's relative said, "Visiting is much better, things have improved a lot."

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

- Whilst not all staff had completed safeguarding training at the time of this inspection, staff understood their role in safeguarding people and told us they felt comfortable raising any concerns.
- The registered manager understood what was required of them under safeguarding processes and had made safeguarding notifications where appropriate.
- People, and their relatives, told us they felt safe. One person's relative told us, "I am very confident [relative] is receiving safe care at Lorna House."

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

At our last inspection, we recommended the provider ensure staff complete appropriate induction, supervision and training to ensure they have the knowledge and skills to meet people's individual health needs. At this inspection we found not enough progress had been made.

- Not all staff had completed mandatory training. At the time of this inspection there were 21 staff employed, five had not completed first aid training, two had not completed infection control training and four had not completed safeguarding training.
- One member of staff, who was employed in March 2022, had only completed one training course.
- At our last inspection, we found staff had not completed dysphagia training which put people at an increased risk of choking because staff did not have the knowledge to support them safely. At this inspection 10 staff had still not completed this training.
- Training around specific health conditions, such as diabetes and Parkinson's, had not yet taken place.
- The registered manager had started a programme of staff supervisions, but not all staff had yet received one.

The provider had not ensured staff completed training to ensure they had the knowledge and skills to meet people's individual health needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager had a training plan in place and training had been booked in.
- Staff had been allocated online training to complete, but some had found this difficult. The registered manager worked with these staff to support them.
- A visiting healthcare professional told us that whilst the staff had not completed formal training, they felt they had a good understanding of the medical condition the person they were supporting lived with.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

At our last inspection care was not always provided with the consent of the relevant person or in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act Requires Improvement (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- MCA's had been completed where necessary and DoLS applications had been made.
- There were a good range of decision specific MCA's in place, and they contained good detail to demonstrate how the decision about a person's capacity had been reached.
- The registered manager ensured they consulted and involved the relevant person in assessments and decisions. In one case, where this led to a delay in a DoLS application being made, they discussed it with the person's social worker.
- People were supported in the least restrictive way possible and staff supported people to make their own choices and decisions, for example when to get up or go to bed and where to spend their time.

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

- People's needs had been assessed and personalised care plans had been put in place to support staff to deliver care which met people's desired outcomes.
- People's care needs had been reviewed and external health professionals involved where appropriate.
- People's relatives had been involved in updating people's care plans, where appropriate to do so. One relative told us, "I recently attended a meeting with [registered manager] to discuss my [relative's] care plan. They were very helpful in explaining the procedures now in place and we agreed they'd update me as and when any changes to the care plan need to be made."
- Staff knew when, and how, to contact other health professionals and supported people to access services where required. One person's relative told us, "The staff appear very quick in seeking medical advice when needed." Another relative said, "I've been contacted immediately if staff have had any concerns about my [relative's] health and to let me know they have called and consulted medical professionals. I think this is an area that has been greatly improved over the last year."

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

- People were supported to eat a balanced diet and, where required, people's food and fluid intake were now being monitored.
- People were given a choice about what to eat, and where to eat their food. One person told us they preferred to eat in their bedroom and showed us the adapted cutlery that made it easier for them to eat independently.
- We observed people enjoying their food during a mealtime.
- One person's relative told us, "My [relative] needs special dietary care and the staff and chef go the extra mile to make their food appetising and well presented."

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

- Further adaptations had been made to improve the environment and more work was planned.
- The gardens had been made secure so people could now enjoy them independently.
- The provider told us they planned to install a lift in the coming months. This would allow people to move between the floors more easily and enable staff to meet people's changing needs, as well as meeting demand from the local community.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At our last inspection people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- We saw people being treated with dignity and respect and improvements had been made in the way staff communicated.
- Staff were discreet when assisting people and did not discuss people's care needs within the hearing of others.
- Staff used person centred language and spoke about people respectfully.
- We observed people to be well dressed and well cared for. Records were now being kept in relation to the support people received, to ensure they received the right care at the right time. For example, regular assistance with brushing teeth.
- People's care plans contained information to support them to be as independent as possible. For example, one person's care plan said staff should allow them enough time to fasten their clothes themselves.

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

- We observed staff speaking kindly to people, and spending time talking with them.
- People and their relatives gave positive feedback and felt the staff were kind and caring. One person said, "They're pretty good here." We observed one person tell a staff member, "You're doing your job so well." The staff member responded thanking them, and said, "That's very kind of you to say."
- A relative told us, "I find everyone kind and compassionate." Another relative said, "I cannot speak highly enough of this care home where the various members of staff are all caring, helpful and friendly." And a third said, "Lorna House has always provided, and continues to provide, a warm, friendly family atmosphere which suits my mother well." And another relative told us, "The staff are wonderful, they really are."
- One staff member told us they enjoy spending time with people, they said, "I like just spending time with them, doing hair and nails, we have more time now to do those little things."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection care and treatment did not meet people's needs and reflect their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Everybody living at Lorna House now had a care plan in place. An electronic care planning system had been introduced, which greatly increased the level of detail being recorded about the care people received. This meant the registered manager could better monitor care provision to ensure it met people's needs and preferences.
- People's care plans contained details about their preferences, and work was ongoing to expand the information within people's care plans.
- Routines that had previously been in place had been removed. For example, people were now being asked daily if they wanted a shower or bath, in place of the previously used rota.
- Staff told us people had more freedom. One staff member said, "The daily routines have changed. There's no times to get up anymore."

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

At our last inspection care and treatment did not meet people's needs and reflect their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff had more time to spend with people engaging in conversation, and the range of activities available to people had been expanded. Recent activities people had taken part in included seasonal flower arranging, fitness activities and a fireworks evening.
- Daily routines had been changed and the care people received reflected their personal preferences.

### 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.

At our last inspection we recommended that the provider put systems in place to ensure the Accessible Information Standard is met. The provider had made improvements.

- People's care plans contained good information about what support they needed to communicate. For example, one person's care plan described how staff should observe their facial expressions and use a white board to communicate if the person did not respond to verbal prompts.

### Improving care quality in response to complaints or concerns

At our last inspection we recommend that the provider put systems in place to ensure complaints and concerns are recorded and responded to. The provider had made improvements.

- Whilst no formal complaints had been received since the last inspection, the registered manager had put a system in place to ensure any complaints are recorded and responded to in line with the provider's policy.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has 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.

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

At our last inspection the service was not well led. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection we found not enough progress had been made and the provider was still in breach of regulation 17.

- Following our last inspection, we imposed conditions on the provider's registration which required them to complete a selection of audits and report their findings to CQC. The provider did not complete all of these audits within the required timescale. Where they did complete audits, they were not always meaningful, or comprehensive.
- Recruitment files were not audited in line with the conditions. When recruitment files were audited, the registered manager found a significant amount of information missing which meant they could not be assured staff had been safely recruited. For example, four staff had no DBS checks and seven staff had missing references. Whilst the manager had begun to address these shortfalls, this had not been completed by the time of this inspection.
- Mental capacity assessments were not audited in line with the conditions. This meant the registered manager did not have an overview of how many people needed to have a mental capacity assessment completed and a DoLS application made. Whilst action had been taken to address this shortly before this inspection, it meant some people had been subject to restrictions without the appropriate authorisation for up to six months after we identified this as an issue at our last inspection.
- The provider did not audit care notes in line with the conditions on their registration.
- The provider had taken a considerable length of time to address some of the issues identified at our last inspection. For example, we had identified at our site visit in April 2022 that there were no cleaning records in place for communal areas. In their report to us in September 2022 the provider told us they were still not in place. This meant they could not audit the records in line with the conditions on their registration and could not assure themselves the shortfalls identified had been addressed. At this inspection we found communal cleaning records were now in place but were not consistently completed.
- The provider reported the outcome of their audit of supervision records was that none had been done, however, we had already identified this at our last inspection and the provider had taken no action to address this by the time they were required to report on their progress to CQC. This meant staff had not

received formal supervision for a further six months following our last inspection.

- The provider's policies relating to safeguarding, whistleblowing, complaints and medication had not been reviewed since June 2021, and contained out of date information.
- Audits did not always identify all areas for improvement. For example, the most recent report to CQC said they had identified four staff files had missing DBS checks, and that three had been obtained and one applied for. However, at this inspection we found two staff still had no DBS in place and one had a DBS dated three years prior to the start of their employment. The provider told us they were not aware of this.
- The provider did not communicate with people's relatives regarding the issues identified at our last inspection in a timely way, which meant some relatives were shocked and upset when the report was published. One relative told us, "I was shocked and horrified and felt upset and angry there had been no communication from Lorna House. Eventually a brief letter was sent to relatives, but there was a total lack of awareness regarding the impact of the report and no sense of responsibility or information about the steps that would be taken to address the issues."

Governance systems were not always effective in driving improvement. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider and registered manager had worked with the local authority to address the issues identified at our last inspection. They told us they felt it difficult to know what to prioritise. Progress had been hampered by outbreaks of COVID-19, and a lack of senior staff with the knowledge, skills and protected time to address all of the issues identified.
- The registered manager had sourced and implemented a range of audit tools, some of which had been completed regularly, others were in place ready to be completed.
- The registered manager had plans in place to ensure the quality monitoring of the service was strengthened and embedded into practice.
- The relatives we spoke with all acknowledged the registered manager had worked hard to implement improvements and communication was improving.
- Staff gave positive feedback regarding the management of the service. One staff member said, "[Registered manager] has worked really hard to try and get things back on track." Another staff member said, "[Registered manager's] done a terrific amount. There's more structure in the home, and we've got to grips with the on-line training. They've had a lot to do and have done an incredible job."

At our last inspection notifications were not made in line with legal requirements. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

- Notifications were being made in line with legal requirements.
- The registered manager was pro-active in seeking advice when they were unsure if a notification was required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the culture of the service did not promote good outcomes for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Although the provider remained in breach of regulation 17 at this inspection, improvements in this area had been made.

- The culture of the service had become more person centred and people were being involved in day to day decisions about their care.
- Staff, relatives and healthcare professionals all commented that the outcomes people experienced had improved.
- A visiting professional commented they had noticed improvements in the culture the standard of care people received. They said, "The atmosphere has really improved, people look really well kempt and their mood seems to have lifted, I can hear laughing when I visit." And, "The staff are genuinely caring."
- The registered manager had introduced staff meetings and sought informal feedback from people living at the service.
- People's relatives told us communication was improving. One person's relative told us communication had always been poor between the previous registered manager, the provider and relatives with requests for contact often going unanswered. However, this was gradually improving, and they were beginning to feel like partners in care.

#### Working in partnership with others

At our last inspection the service did not always work well in partnership with others. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Although the provider remained in breach of regulation 17 at this inspection, improvements in this area had been made.

- Staff worked well with other health professionals.
- One health professional told us, "They are doing really well supporting [name]. They are referring into [older people's mental health service] and are not afraid to pick up the phone. They've taken on board all the non-pharmaceutical recommendations we made."
- Another visiting health professional commented they felt people's needs were well met. They said, "We found the home to be responsive to the needs of the patients living there and communication with the home was fast and effective."

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

- The registered manager was open and honest and understood their responsibilities under the duty of candour.

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 17 HSCA RA Regulations 2014 Good governance  Governance systems were not always effective in driving improvement.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not operated effectively.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff completed training to ensure they had the knowledge and skills to meet people's individual health needs.