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Lobswood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lobswood House is a residential care home that provides accommodation and personal care for up to 26 people living with dementia or mental health needs. At the time of our inspection, 20 people were living at the home.

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

Since the last inspection the management team and the staff have made improvements which has raised the standard of care people received and the overall governance of the home. The manager was reviewing and updating care plans, to ensure they accurately described how each person should be supported. Staff were knowledgeable about people's needs and people's safety had not been impacted.

People were protected from avoidable harm as risks to people's health and safety were identified and assessed. People were protected from the risk of abuse and staff were aware of their safeguarding duties and how to report concerns. People and their relatives told us they felt safe and were cared for by staff who knew them well. A relative said, "I can't tell you how pleased I've been. [Person] is absolutely safe." Medicines were managed safely, and people received their medicines as prescribed. People and their relatives told us there were enough staff with the appropriate skills and training to meet their needs. A relative said, "There is enough staff and I see the same faces when I visit, they have managed it so well (the transition from moving from their own home to a residential home)."

People were treated with kindness, dignity and respect. Staff interactions with people were warm and caring. A person said, "They (staff) are kind. Which is really important because I'd love to stay in my own house, not a care home. But I'd struggle. I know this. I have to be in a care home and what makes it bearable is having nice, kind staff." A relative said, "[Person] is happy and quite pleased (with the quality of care). Staff look after [person] well and understands [person]." Another relative said, "[Person] is cared for really well. Staff are so supportive, the change in [person] is amazing." The service provided a homely environment and people were supported to drink enough and maintain a balanced diet.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 June 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been

rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lobswood 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

One inspector and an expert by experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lobswood 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. Lobswood 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 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 no registered manager in post. Lobswood House had been without a registered manager since October 2021. A new manager commenced in October 2021. The new manager had submitted an application to become the registered manager at the time of our visit.

Notice of inspection

This inspection was unannounced.

What we did before 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people living at the service, two care staff, the chef, deputy manager and manager. To help us assess and understand how people's care needs were being met, we reviewed four people's care records. This included multiple medication records and multiple health care records. A variety of records relating to the management of the service, staff recruitment and training records, including policies and procedures were reviewed. We observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal areas. Following the inspection, we continued to seek clarification from the manager to validate evidence found. These included records associated with the provider's quality assurance systems. We sought feedback from five relatives.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection people were not protected from abuse as systems and processes were not established or operated effectively. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- At the last inspection, the provider's policy and procedures were not being followed in relation to safeguarding people from abuse. The registered manager failed to make a referral following a disclosure made by a person living at the home. Following the inspection, we received confirmation the referral had been made.
- At this inspection, systems and processes were in place to protect people from the risk of abuse or harm. The manager had a clear understanding of what constituted abuse and action that should be taken, such as making a referral to the local safeguarding authority and notifying CQC.
- The manager and staff had undertaken adult safeguarding training within the last year. They were able to speak about the different types of abuse and described the action they would take to protect people if they suspected they had been harmed or were at risk of harm.
- A staff member said, "People who could be being abused may behave differently to what is known to be normal for them. For example, they may wear longer sleeved clothing to hide bruising, they may not want their personal care carried out, they may be more tearful and quieter. We need to be on the lookout for signs of abuse to make sure we can stop it and prevent it." Staff confirmed the manager operated an 'open door' policy and they felt able to share any concerns in confidence.

Assessing risk, safety monitoring and management

At the last inspection risks to people's health and safety had not been identified or mitigated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, people were living in an environment that may not have been safe. Some windows

above ground level did not have restrictors or been risk assessed placing people at risk of falls from height.

- At this inspection, the window restrictors had been replaced. The provider had systems to ensure environmental and equipment safety checks were completed. For example, records demonstrated regular checks were completed relating to fire safety, hoists and environmental checks for any potential hazards. People had individual personal evacuation plans in place which described the assistance they would need in the event of an emergency or fire.
- Risk assessments varied in completeness regarding guidance for staff on how to manage some health risks. When we spoke with staff, they could tell us how to mitigate risks and what measures they took to reduce risks to people. The staffing team was well established, and the manager did not use agency staff. Without exception people and relatives told us they felt safe and that the quality of care delivered was safe. People's safety had not been impacted and we have covered the inconsistent documentation of risks to people in the well-led section of this report.
- A person said, "I like it here. It's very safe, because the staff are on standby and there to help where I need it and want it." Another person said, "I feel safe here, every now and then I get the shakes. Misjudge my footing. They remind me when to rest and where to put my feet." A relative said, "I feel [person] is safe there and staff are always extremely helpful."

Staffing and recruitment

- Staff recruitment practices were robust and thorough.
- There were enough staff available to meet people's needs. People told us they did not have to wait long for staff when they needed them. Staff responded quickly to call bells when people needed assistance. We observed staff were available and were able to anticipate and respond to people's needs. Staff were present in communal areas throughout the day.
- A person said, "There is enough of them (staff), I never have to wait around, yes very prompt I think they are." A relative said, "I am happy with how [person] is treated. [Person] feels safe. I have never had an issue with any of the staff. [Person] sees the same regular staff and does not get anxious about any of them."
- Staff records showed, before new members of staff were allowed to start work at the service, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Copies of other relevant documentation, including job descriptions, character references, interview records and Home Office Indefinite Leave to Remain certificates were stored in staff files. These checks helped to ensure new staff were safe to work with adults at risk.

Using medicines safely

- People received their medicines safely.
- A person said, "It is safe here. The staff help me with my medication, which I just couldn't do on my own. Not anymore." Another person said, "I can't remember what medication I take. I have dementia. I still remember things day to day, but not the details of my medication. It nice to be able to trust the staff with that."
- Medicines were administered by trained and competency assessed staff. We observed medicines being administered as part of the inspection. Staff checked the medication, the dose, frequency, that they were administering it to the correct person and the expiry date. They provided clear information for people regarding their medicines and administered them in accordance with the instructions from the prescribing GP.
- Medicines were stored safely and accurately recorded. Guidance was available for 'as needed' (PRN) medicines and, when given, staff had noted the reason for administration. Records for the administration and disposal of medicines were complete and up-to-date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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. A staff member commented on their infection control training, "We do it each year. It covered COVID-19, what it is, how it transmits, how to safeguard ourselves and others from it and how to wear our PPE. The importance of changing our PPE between each person to reduce any kind of infection. It was very good."
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

The provider's approach for visitors was in line with the current government guidance at the time of inspection. People and relatives did not feedback anything negative with their experience of the provider and being able to see their loved ones.

Learning lessons when things go wrong

- People involved in accidents and incidents were supported to stay safe; the manager and provider had taken action to prevent further injury or harm. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. For example, people reported as experiencing falls had their support needs reviewed. Extra support and equipment were provided such as sensor mats to alert staff they were moving and required assistance to do this safely. A relative said, "[Person] was once given the wrong medication but the manager dealt with the situation well and put new measures in place (to ensure the error would not happen again)."
- The manager did not audit or analyse accident and incident logs to help track or consider any wider learning or improvements required. We have reported on this in the well-led section of this report.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider had not acted in accordance with the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

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

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

- At the last inspection, we observed staff obtaining people's consent, but people's care records did not always show their consent and/or views had been sought in relation to decisions being made on their behalf.
- At this inspection, we observed staff involved people in decisions and respected their choices. Some people had expressed a preference to be cared for by female staff. This was documented and daily records confirmed only female staff had supported them with personal care. A person said, "I can do what I like, I make my day to day decisions without support, but when I make my decisions, they respect this. I am never forced to do anything I don't want to do."
- Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice. For example, staff followed the presumption people had capacity to consent by asking if they wanted assistance and

waited for a response before acting on their wishes.

- A staff member said, "With the MCA you always have to understand and remember they (people) can make their own decisions. Even if you think they are wrong, you have to assume they have capacity. There are times we have to make best interest decisions. For example, [person] can't make choices toilet wise or personal care so we help [person] with this. There is a DOLS for that which covers personal care."
- Where people did not have capacity to make particular decisions relating to their care or treatment, the manager had acted in accordance with legal requirements. People's capacity had been assessed to determine whether or not they were able to participate in decision-making. Where this was not possible best interest meetings had been held, involving relevant professionals and relatives to make a decision in the person's best interest on their behalf.

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

- People had comprehensive assessments which identified their needs and desired outcomes. People's needs were assessed in accordance with best practice guidance. Nationally recognised tools were used to assess people's risks for malnutrition and skin integrity. Care plans were reviewed monthly and, where appropriate, outward referrals had been completed for advice and support from external health and care professionals.
- People had care and support plans which guided staff on how to maintain their oral hygiene. People's needs in relation to their oral health had been identified and staff were provided with guidance as to what support a person might need to maintain their oral hygiene. The manager had implemented an oral health assessment tool to ensure people's needs were identified. The assessment tool was regularly reviewed and enabled the manager to maintain effective oversight of people's oral health and any changes that might require intervention.

Staff support: induction, training, skills and experience

- People felt the staff were competent to meet their needs or those of their relatives. A relative said, "I feel the staff are well trained. Staff are lovely. They understand [person] and know how to respond."
- Staff received sufficient training and support to carry out their role. Staff undertook training to ensure they had specific skills and competencies to support people safely. For example, staff completed medication administration and moving and handling training.
- Staff were happy with the formal and informal support they received. Records confirmed staff had not received supervision in line with the provider's policy, due to the changeover in management, but all were scheduled to take place by the end of April 2022. Without exception staff felt supported and able to approach the manager for advice, guidance and support.

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

- People were offered a choice of food and drink and supported in line with their needs. A person said, "The food is scrumptious. I used to grow fresh vegetables. So, it's nice to still be eating them, not processed. Fresh!" We observed staff supported people to drink during the morning and offered one to one assistance at lunchtime. Information on people's needs and preferences were recorded in their care plans and staff followed this guidance.
- On a daily basis, people were asked to choose from the menu, which was available pictorially, and their choice recorded and shared with the kitchen staff. If at the point of service, they changed their mind, alternative meals were available.
- Each person had a nutritional assessment to identify their dietary needs. Staff monitored people's weight and action was taken when people were identified as experiencing an unplanned weight loss. For two people who were considered as high risk, they were supported to be weighed weekly. By staff having an improved understanding of people's likes and dislikes, a preferred diet had been offered and accepted by

people, resulting in better outcomes for people's health.

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

- Staff carried out routine observations on people to monitor and check for signs of health deterioration. For example, bowel monitoring, diabetes monitoring and fluid intake for people identified as at risk from dehydration.
- Staff liaised effectively with the local GP surgery and people received support from specialist health care professionals. Records showed people had regular access to specialist nurses.
- Care records showed people had access to routine and specialist health care appointments. Records were kept about health appointments people had attended and staff ensured guidance provided by health care professionals was implemented.

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

- People lived in a well-presented, clean and homely environment. There were two lounges, one quieter than the other, offering a choice of being able to relax somewhere other than their bedroom. People's rooms were furnished with personal items and there was a well-maintained central garden area. A person said, "It is lovely here. Home from home." Another person said, "I liked the peace and quiet of being in here on my own or with a few others."
- Each living area had hydration stations with juice and water available and in people's rooms there was water or juice available.
- The décor and signage were appropriate for the people who used the service, with room numbers and name plaques on bedroom doors.

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 Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with respect. People were happy and at ease in the company of staff. People smiled, laughed and were engaged with staff. We observed staff supporting people to participate in activities and chatting about things that were important to them. Care plans clearly reflected respect for people's diversity and equal treatment for all those who used the service.
- Equality and diversity training had been completed by all staff. Care plans described people's personal, sexual, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems or none. A staff member said, "I think of myself and how I would want to be supported, how I would want to be treated."
- A person said, "The staff are lovely. They have made me so welcome. If I need anything, they are there for me, nothing is too much bother." Another person said, "The girls are caring, and nothing is too much." A relative said, "Staff know when [person] has good and bad times. They interact with [person] and treat [person] like a friend." A relative said, "Overall [person's] care is perfect." Another relative said, "Staff certainly look after [person] and they speak to [person] in a positive way."

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

- People were involved in decisions relating to their care. A relative said, "Staff always keep us informed." Another relative said, "I haven't been involved in making decisions on [person's] care because [person] is capable of talking about things and making decisions, but if they needed me, I would get involved. The staff understand [person]." Another relative said, "I have meetings with staff with [person] and if they or we have any concerns, we will discuss it." A third relative said, "I feel I am involved in [person's] care, as staff have encouraged me to give as much information as possible."
- We observed people were asked where and how they would like to spend their time, what they wished to eat and drink and where they wished to entertain their visitors. People's preferences with regard to clothing and personal care, such as if they preferred to shower rather than bath, were documented.
- A staff member said, "We spend time with the people we support, get to know them. In the care plans is background information about the person, we can use this to start meaningful conversations with them. They then build up trust with us and are then more likely to tell us how they like to be supported and by whom." A person said, "I can get quite anxious and forgetful. They (staff) always tell me not to worry and they are there to listen to me. Which makes me feel better."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people respectfully and maintained their privacy. Staff kept information about people confidential. A relative said, "Staff are really, really caring. They are really

understanding of [person]. Staff respect me and [person] and they know [person's] likes and dislikes." Another relative said, "I feel staff listen to me and [person]. They respect [person's] privacy." Another relative said, "I imagine staff respect [person's] privacy. I would know if [person] didn't feel happy."

- We observed, and staff told us, how they always knocked before entering a person's room and introduced themselves. A staff member said, "I should treat each person with dignity and respect. When I support people showering, I consider their clothing, cover areas exposed. Respect the person maybe feeling embarrassed and uncomfortable. It's really important to explain what and why we are doing what we are and gaining their consent." Another staff member said, "With personal care we would make sure curtains are closed, towels on the legs and chest if needed. Explain what you are doing, step by step, talk to them of course. Making sure they know why you are doing what you are doing."

- People's care plans highlighted the importance of respecting privacy and supporting independence. A staff member said, "[Person] who would like us to do everything for them, we help of course, but we give [person] the flannel to wash their own face, we take the time for [person] to do this as they can and their independence is important. No matter what age you are and what your abilities are, it's important not to assume a person cannot do something." Another staff member said, "Age has nothing to do with encouraging a person's independence. People here may be getting to an older age, but they were once our age. It's important to see them as the person they are, not the age. Where people can, we encourage them to get dressed, wash themselves, carry items themselves."

Is the service responsive?

Our findings

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

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

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

- People's care plans were in the process of being updated and amended following an audit completed by the new manager, who had identified a lack of personalisation and consistency in the existing format. This supported our findings. Care plans and risk assessments still in the old format had not been updated to reflect people's current risks and needs. This included information about how to support them with long-term conditions, such as diabetes. There was conflicting information regarding whether a person used bedrails or not, and when a person required checking for their wellbeing. This could be misleading, particularly for new staff.
- A staff member said, "Care plans have changed a bit since the previous manager. For me it is a bit difficult to find information. It is frustrating. Each manager we have had has changed them, so there is out of date information or information that says different things in different places. Our new manager is trying her best to sort it all out. I have been here a long time, so I know each person I support and how they like to be supported." Another staff member commented on the care plans, "They are a bit all over the place. But the new manager is working her way through them to make sure the most current information is in them. This will eventually reduce how much paperwork is in them. More streamlined." The manager said she expected to have all the care plans updated by the end of June 2022.
- At the time of inspection, we fed back to the manager our findings who took immediate action to review the care plans and risk assessments, we had identified as requiring attention. The care plans were reviewed, amended and implemented to ensure people's current risks and needs were reflected.
- The new format contained information to ensure each person had the personalised support they needed. They described the person's abilities as well as risks associated with their care. There was clear information about how to support each person, so their risks, needs and preferences were met. A staff member said, "We should know people's wishes, they have their own way of how they want to be looked after. We should know their history, where they come from, for example, [person] loves [Country] and travelling. [Person] has been teaching us how to speak certain words, getting to know them how they want to be looked after and their wishes." A relative said, "Staff understand [person's] needs, staff seem to know how to get the best out of [person]. I feel they know [person's] likes and dislikes."

Meeting people's communication needs

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

- People's communication needs were assessed. The manager said if people needed information in any other format they would accommodate this. Care plans instructed staff when people wore hearing aids, how to check their batteries and for people wearing glasses, how to keep these clean. This meant people were supported to hear and see effectively.

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

- Staff supported people to maintain relationships with people who were important to them. A relative said, "If there is anything I need to know about [person], then staff will ring. They encourage me to phone and they are always there."

- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer at the home. One person's care plan indicated they enjoyed reading the news in a newspaper each day. A person said, "No time for boredom. There is too much to do. They (staff) are always trying to get me to join in on activities." We observed them with their paper and staff were engaged in conversation with them about what was happening in the world.

- Where people were unable or chose not to be involved in activities, they received 1:1 support from staff. A person said, "I never get bored, there is a person who visits and provides something to do. There is always something to look forward to, shows, music etc". A relative said, "Of the activities I feel there is a lot on offer but [person] doesn't take it up." A relative said, "[Person] likes music and entertainers and likes to watch TV."

Improving care quality in response to complaints or concerns

- Records of complaints were logged and managed in line with the provider's policy. People and relatives told us they were satisfied with how the manager dealt with concerns. A person said, "The manager is good, if I have any concerns, I can talk to her, or any of the staff actually as all of them are quite approachable." A relative said, "It is easy to get hold of and talk to the manager. The manager would sort out any issue."

End of life care and support

- At the time of this inspection, no one was being supported with end of life or palliative care. The manager told us the service had previously provided end of life care to someone before our visit. Family members had complimented the service and staff on their kindness and care.

- The service had an up to date end of life policy in place. For people who wanted one, end of life care plans included details about people's wishes for support through the final stages of their lives.

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 Requires Improvement. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At the last inspection, the provider had failed to operate effective systems to assess, monitor and improve the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At the last inspection, the provider did not have sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protected them from harm. These included concerns relating to the management of risk and ensuring that the home was working within the principles of the Mental Capacity Act 2005 (MCA). The policies in relation to safeguarding people from abuse were not always followed.
- Since the last inspection the provider had reviewed these areas of practice and ensured all staff had received a refresher course in safeguarding. The new manager had made referrals when required and was able to explain incidences of what constituted alleged abuse, when and how to make a referral to the local safeguarding authority and how to notify CQC. People's MCA care plans had been reviewed and updated to ensure compliance of working within the principles of the MCA.
- It is part of the registration condition for a service to have a registered manager. A registered manager had not been in post since October 2021. The most recent manager commenced employment in October 2021. The new manager had submitted an application to become the registered manager at the time of our visit.
- The quality and management oversight of Lobswood House had experienced a period of considerable change since the last inspection. Although significant improvements have been made to address previous shortfalls identified at our last inspection, there were still areas of required improvement.
- Accidents and incident logs to drive improvement had not been analysed recently. The manager told us she had focused her attention on people's care records and familiarising herself with the service, staff and people being supported. Accidents and incidents were appropriately responded to during this time, but the lack of auditing meant the manager did not have an oversight of any emerging themes or trends. This had not impacted people's safety. The manager told us she had plans to undertake analyses of accidents and

incidents as part of the monthly quality assurance monitoring.

- There was an informal approach in obtaining the views of staff, people and relatives to use for continually learning and developing the care and support provided. For example, team meetings had stopped when the pandemic occurred, which meant staff no longer had a formal arranged time to share practice and reflect on the culture of the service. Alternative methods had not been considered.
- A team meeting had already been arranged for senior staff on the week following our inspection. The manager was going to send out satisfaction surveys to people and relatives to complete, to obtain their feedback.
- Although there was no formal opportunity for staff to raise suggestions, and discuss practice, without exception staff complimented the manager and their team. Staff felt the manager was open, transparent and acted on their advice, and suggestions to improve the home. A staff member said, "We are a really good team, very kind and supporting of each other." A staff member said, "We have handovers every day, we are always suggesting things. I suggested making decoration for the lounges, because we were thinking how to make it look nice and presentable. Everyone gave ideas, asking everyone what they would like." Another staff member told us they felt comfortable to raise suggestions to improve the quality of care being offered, and said, "It's not done in any kind of formal way, but the manager's door is always open." A staff member said, "We are a nice team. All the staff are good. I am happy here and love my job."
- The management team had systems to monitor the quality of the services provided. The manager conducted weekly and monthly audits checking care plans, monitoring records, medication records, environmental checks, health and safety audits and analysing audits. Actions from these audits had led to the purchasing of a new care planning online system, with the objective being able to spend more time with people and improving the quality of care people received. This was in the process of being implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider understood their responsibilities under the Duty of Candour and were open and transparent when people's care had not gone according to plan. The provider and manager had notified CQC of accidents and incidents that had occurred, and any lessons learnt, or actions taken. The manager explained to meet the duty of candour, "Was to be open and honest, write to the person and their relatives if needed and explain what happened, what we have done as a lesson learnt and give a written apology. Offer reassurance and if required change practice."
- People and relatives told us the service was well run by the manager, who was very approachable. A relative said, "I am quite happy with it, it is well run." Another relative said, "The manager is delightful and lovely." Another relative said, "I know the manager and feel she couldn't have done anymore for us. Nothing is ever too difficult."
- There was a happy atmosphere in the service. Staff spoke positively about their roles. A staff member said, "Much happier (regarding morale in the team). First of all because of the new manager." A staff member said, "We try and make everyone happy, comfortable and safe. People come here for the last of their years and we should treat them like our parents. The best we can do, the best I can do, is what should be expected when you live here. I think we do that well."

Working in partnership with others

- The home worked in partnership with others. When people required specialist support or advice, health and social care professionals had been consulted. For example, advice had been sought from GPs and community nurse services.